| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| EASTERN DISTRICT OF NEW YORK                    | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1:               | Identify Yourself   |  |  |        |
|-----|--------------------|---|--|--|--------|
|     |                    |   | About Debtor 1:                                  | About Debtor 2 (Spouse Only in a Joint   | Case): |
| 1.  | You                | r full name   |  |  |        |
|     | your               | e the name that is on<br>government-issued<br>ure identification (for<br>mple, your driver's            | Michael First name                               | First name                               |        |
|     |                    | nse or passport).   | Middle name                                      | Middle name                              |        |
|     | iden               | g your picture<br>tification to your<br>ting with the trustee.  | Padrazo Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |        |
| 2.  |                    | other names you have<br>d in the last 8 years   |  |  |        |
|     |                    | ude your married or<br>den names.   |  |  |        |
| 3.  | you<br>num<br>Indi | y the last 4 digits of<br>r Social Security<br>nber or federal<br>vidual Taxpayer<br>ntification number | xxx-xx-1362                                      |  |        |

| Deb | otor 1 Michael Padrazo                            |   | Case number (if known)   |
|-----|---|---|--|
|     |   |   |  |
|     |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4.  | Any business names and<br>Employer Identification | <b>-</b>  |  |
|     | Numbers (EIN) you have used in the last 8 years   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|     | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|     |   | EINs  | EINs   |
| 5.  | Where you live                                    |   | If Debtor 2 lives at a different address:  |
|     |   | 12025 Trevally Loop<br>Trinity, FL 34655  |  |
|     |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|     |   | Pasco   |  |
|     |   | County  | County   |
|     |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|     |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6.  | Why you are choosing this district to file for    | Check one:  | Check one:   |
|     | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|     |   | ■ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|     |   | Debtor principal asset is in EDNY   |  |
|     |   |   |  |
|     |   |   |  |

| Deb | otor 1 Michael Padrazo   |   |                              |  |   | Case number (if known)  |                                     |  |  |
|-----|--|---|------------------------------|--|---|---|-------------------------------------|--|--|
|     |  |   |                              |  |   |   |                                     |  |  |
| Par | t 2: Tell the Court About  | Your Bank   | cruptcy Ca                   | ase  |   |   |                                     |  |  |
| 7.  | The chapter of the<br>Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                              |  |   |   |                                     |  |  |
|     | choosing to file under   | Chapter 7   |                              |  |   |   |                                     |  |  |
|     |  | ☐ Chap  |                              |  |   |   |                                     |  |  |
|     |  | ☐ Chap  |                              |  |   |   |                                     |  |  |
|     |  | ☐ Chap  |                              |  |   |   |                                     |  |  |
|     |  |   |                              |  |   |   |                                     |  |  |
| 8.  | How you will pay the fee   | abo<br>ord  | out how yo                   | ay the entire fee when I file my petition. Please check with the clerk's office in your local come ow you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashie f your attorney is submitting your payment on your behalf, your attorney may pay with a creditional address. |   |   |                                     |  |  |
|     |  |   |                              |  |   | on, sign and attach the Application for Indi  | viduals to Pay                      |  |  |
|     |  |   | U                            |  | (Official Form 103A).   | a apply if you are filing for Chapter 7. By lev   | o iudao mou                         |  |  |
|     |  | but<br>tha  | t is not rec<br>at applies t | quired to, waive y<br>to your family size  | our fee, and may do so only if you<br>e and you are unable to pay the t | n only if you are filing for Chapter 7. By law<br>our income is less than 150% of the official<br>fee in installments). If you choose this opti<br>Official Form 103B) and file it with your pe | I poverty line<br>on, you must fill |  |  |
|     |  |   |                              |  |   |   |                                     |  |  |
| 9.  | Have you filed for<br>bankruptcy within the  | ■ No.   |                              |  |   |   |                                     |  |  |
|     | last 8 years?  | ☐ Yes.  |                              |  |   |   |                                     |  |  |
|     |  |   | District                     |  | When  | Case number   |                                     |  |  |
|     |  |   | District                     |  | When  | Case number   |                                     |  |  |
|     |  |   | District                     |  | When  | Case number   |                                     |  |  |
| 10. | Are any bankruptcy   | ■ No  |                              |  |   |   |                                     |  |  |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes.  |                              |  |   |   |                                     |  |  |
|     | amilate:   |   | Debtor                       |  |   | Relationship to you   |                                     |  |  |
|     |  |   | District                     |  | When  | Case number, if known   |                                     |  |  |
|     |  |   | Debtor                       |  |   | Relationship to you   |                                     |  |  |
|     |  |   | District                     |  | When  | Case number, if known   |                                     |  |  |
|     |  |   |                              |  |   |   |                                     |  |  |
| 11. | Do you rent your residence?  | □ No.   | Go to                        | line 12.   |   |   |                                     |  |  |
|     | residence :  | Yes.  | Has yo                       | our landlord obtai   | ined an eviction judgment agains  | t you?  |                                     |  |  |
|     |  |   |                              | No. Go to line 1   | 2.  |   |                                     |  |  |
|     |  |   |                              | Yes. Fill out <i>Init</i> bankruptcy peti  |   | Judgment Against You (Form 101A) and f  | le it with this                     |  |  |
|     |  |   |                              |  |   |   |                                     |  |  |

| Deb  | otor 1 Michael Padrazo  |                    |   |                                      | Case number (if known)  |
|--|---|--------------------|---|--------------------------------------|---|
|  |   |                    |   |                                      |   |
| Par  | t 3: Report About Any Bu  | einossos           | Vall Own  | as a Solo Proprio                    | tor   |
|  | , , ,   | 311163363          | TOU OWI   | i as a sole i ropile                 | toi   |
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.              | Go to   | Part 4.                              |   |
|  |   | ☐ Yes.             | Name  | and location of bu                   | siness  |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. |   |                    | Name  | e of business, if any                |   |
|  | If you have more than one sole proprietorship, use a separate sheet and attach                                    |                    | Numb  | oer, Street, City, Sta               | tte & ZIP Code  |
|  | it to this petition.  |                    | Chec  | k the appropriate bo                 | ox to describe your business:   |
|  | •   |                    |   |                                      | ness (as defined in 11 U.S.C. § 101(27A))   |
|  |   |                    |   | Single Asset Rea                     | I Estate (as defined in 11 U.S.C. § 101(51B))   |
|  |   |                    |   | Stockbroker (as o                    | defined in 11 U.S.C. § 101(53A))  |
|  |   |                    |   | Commodity Broke                      | er (as defined in 11 U.S.C. § 101(6))   |
|  |   |                    |   | None of the abov                     | e   |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?           | deadline operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow 11 U.S.C. 1116(1)(B). |                                      |   |
|  | For a definition of small   | ■ No.              | I am ı  | not filing under Cha                 | pter 11.  |
|  | business debtor, see 11 U.S.C. § 101(51D).  | □ No.              | I am f<br>Code  | •                                    | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |
|  |   | ☐ Yes.             | I am f  | iling under Chapter                  | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par  | t 4: Report if You Own or   | Have Any           | / Hazardo   | ous Property or An                   | y Property That Needs Immediate Attention   |
| 14.  | Do you own or have any  | ■ N-               |   |                                      |   |
|  | property that poses or is   | ■ No.              |   |                                      |   |
|  | alleged to pose a threat of imminent and  | ☐ Yes.             | What is   | the hazard?                          |   |
|  | identifiable hazard to  |                    |   |                                      |   |
|  | public health or safety?<br>Or do you own any   |                    |   |                                      |   |
|  | property that needs immediate attention?  |                    |   | diate attention is why is it needed? |   |
|  | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? |                    | Where is  | s the property?                      | Number, Street, City, State & Zip Code  |
|  |   |                    |   |                                      |   |

Debtor 1 Michael Padrazo Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb   | otor 1 Michael Padrazo   |   |   | Case number  | (if known)  |  |  |  |
|---|--|---|---|--|---|--|--|--|
| Par   | t 6: Answer These Quest  | ions for R  | eporting Purposes   |  |   |  |  |  |
| 16.   | What kind of debts do you have?                                | umer debts? Consumer debts are defin              | ed in 11 U.S.C. § 101(8) as "incurred by an   |  |   |  |  |  |
|   |  |   | ☐ No. Go to line 16b.   |  |   |  |  |  |
|   |  |   | Yes. Go to line 17.   |  |   |  |  |  |
|   |  | 16b.  |   | ess debts? Business debts are debts then to through the operation of the business. |   |  |  |  |
|   |  |   | ☐ No. Go to line 16c.   |  |   |  |  |  |
|   |  |   | ☐ Yes. Go to line 17.   |  |   |  |  |  |
|   |  | 16c.  | State the type of debts you owe   | that are not consumer debts or business  | s debts   |  |  |  |
| 17.   | Are you filing under<br>Chapter 7?                             | □ No.   | I am not filing under Chapter 7. (  | Go to line 18.   |   |  |  |  |
|   | Do you estimate that after any exempt property is excluded and | ■ Yes.  | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |  |   |  |  |  |
|   | administrative expenses are paid that funds will               |   | ■ No  |  |   |  |  |  |
|   | be available for<br>distribution to unsecured<br>creditors?    | l   | □ Yes   |  |   |  |  |  |
| 18.   | How many Creditors do  | <b>1</b> -49                                      |   | <b>1</b> ,000-5,000  | <b>1</b> 25,001-50,000  |  |  |  |
|   | you estimate that you owe?                                     | □ 50-99   |   | ☐ 5001-10,000  | ☐ 50,001-100,000  |  |  |  |
|   |  | □ 100-1<br>□ 200-9                                |   | ☐ 10,001-25,000 ☐ More than100,000   |   |  |  |  |
| 19.   | How much do you  | □ \$0 - \$  | 50,000  | ☐ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |  |  |  |
|   | estimate your assets to be worth?                              |   | 01 - \$100,000  | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |  |  |  |
|   |  | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million |   | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million                     | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                  |  |  |  |
| 20.   | How much do you  | □ \$0 - \$  |   | ☐ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |  |  |  |
|   | estimate your liabilities to be?                               |   | 001 - \$100,000   | □ \$10,000,001 - \$50 million  | \$1,000,000,001 - \$10 billion  |  |  |  |
|   |  | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million |   | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million                     | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                  |  |  |  |
| Par   | t 7: Sign Below  |   |   |  |   |  |  |  |
| For   | you  | I have ex   | camined this petition, and I declare  | e under penalty of perjury that the inform   | ation provided is true and correct.   |  |  |  |
|   |  |   |   | nm aware that I may proceed, if eligible, favailable under each chapter, and I cho | under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7. |  |  |  |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |   |   |  | an attorney to help me fill out this  |  |  |  |
|   |  | I request   | relief in accordance with the chap  | oter of title 11, United States Code, spec   | ified in this petition.   |  |  |  |
| I understand making a false statement, concealing probankruptcy case can result in fines up to \$250,000, or 1519, and 3571.  /s/ Michael Padrazo   |  |   |   |  |   |  |  |  |
|   |  | Michae  | I Padrazo<br>e of Debtor 1  | Signature of Debtor  | 2   |  |  |  |
|   |  | Executed  | June 27, 2019<br>MM / DD / YYYY   | Executed on MM /   | DD / YYYY   |  |  |  |

| Debtor 1 Michael Padrazo  |   | _ Case                    | e number (if known)                               |
|---|---|---------------------------|---|
|   |   |                           |   |
| For your attorney, if you are represented by one                              | I, the attorney for the debtor(s) named in this petitiunder Chapter 7, 11, 12, or 13 of title 11, United St for which the person is eligible. I also certify that I | ates Code, and have e     | xplained the relief available under each chapter  |
| If you are not represented by an attorney, you do not need to file this page. | 342(b) and, in a case in which § 707(b)(4)(D) appli in the schedules filed with the petition is incorrect.  | es, certify that I have n | o knowledge after an inquiry that the information |
|   | /s/ Michael J. Macco  | Date                      | June 27, 2019                                     |
|   | Signature of Attorney for Debtor  |                           | MM / DD / YYYY                                    |
|   |   |                           |   |
|   | Michael J. Macco  |                           |   |
|   | Printed name  |                           |   |
|   | Macco Law Group, LLP  |                           |   |
|   | Firm name   |                           |   |
|   | 2950 Express Drive South  |                           |   |
|   | Suite 109   |                           |   |
|   | Islandia, NY 11749  |                           |   |
|   | Number, Street, City, State & ZIP Code  |                           |   |
|   | Contact phone <b>631-549-7900</b>   | Email address             |   |
|   | 11-3138014 NY   |                           |   |
|   | Bar number & State  |                           |   |

| Eill    | in this informat         | tion to identify your                       | casa:  |  |                  |             |                     |
|---------|--------------------------|---|--|--|------------------|-------------|---------------------|
|         |                          | Michael Padrazo                             |  |  |                  |             |                     |
| Den     |                          | First Name                                  | Middle Name  | Last Name  |                  |             |                     |
| 1       | tor 2<br>use if, filing) | First Name                                  | Middle Name  | Last Name  |                  |             |                     |
| Unit    | ed States Bankr          | ruptcy Court for the:                       | EASTERN DISTRICT O   | OF NEW YORK  |                  |             |                     |
| Cas     | e number                 |   |  |  |                  |             |                     |
| (if kno |                          |   |  |  |                  | _           | k if this is an     |
|         |                          |   |  |  |                  | amen        | ded filing          |
| ~"      | <b></b>                  | 4000  |  |  |                  |             |                     |
|         |                          | n 106Sum<br>Your Assets a                   | and Liabilities an   | nd Certain Statistical Info  | rmation          |             | 12/15               |
|         |                          |   |  | e are filing together, both are equally  |                  |             |                     |
|         |                          |   |  | he information on this form. If you ar<br>k the box at the top of this page.     | e filing amend   | ded sched   | ules after you file |
| Part    |                          | ze Your Assets                              | ,,   |  |                  |             |                     |
| rare    | Camman                   | 20 1041 7100010                             |  |  |                  | Your a      | sents               |
|         |                          |   |  |  |                  |             | of what you own     |
| 1.      | Schedule A/B:            | Property (Official Fo                       | orm 106A/B)  |  |                  | ¢           | 375,000.00          |
|         |                          |   |  |  |                  |             | <u>_</u>            |
|         | 1b. Copy line 6          | 2, Total personal pro                       | perty, from Schedule A/B.  |  |                  | \$          | 18,555.00           |
|         | 1c. Copy line 6          | 3, Total of all property                    | on Schedule A/B  |  |                  | \$          | 393,555.00          |
| Part    | 2: Summari               | ze Your Liabilities                         |  |  |                  |             |                     |
|         |                          |   |  |  |                  |             | abilities           |
|         |                          |   |  |  |                  | Amour       | t you owe           |
| 2.      |                          |   | aims Secured by Property<br>nn A, Amount of claim, at            | ho (Official Form 106D) the bottom of the last page of Part 1 of                 | Schedule D       | \$          | 428,530.76          |
| 3.      |                          |   | <i>Unsecured Claim</i> s (Officia<br>1 (priority unsecured clain | al Form 106E/F)<br>ns) from line 6e of <i>Schedule E/F</i>                       |                  | \$          | 2,987.73            |
|         | 3b. Copy the to          | otal claims from Part                       | 2 (nonpriority unsecured o                                       | claims) from line 6j of Schedule E/F   |                  | \$          | 32,679.62           |
|         |                          |   |  | Your to  | otal liabilities | \$          | 464,198.11          |
|         |                          |   |  |  |                  | ` <u> </u>  | 101,100111          |
| Part    | 3: Summari               | ze Your Income and                          | Expenses   |  |                  |             |                     |
| 4.      |                          | ur Income (Official Fo                      |  | ə I  |                  | \$          | 6,669.00            |
| 5.      |                          | our Expenses (Official                      |  |  |                  | \$          | 6,639.00            |
| Part    | 4: Answer T              | hese Questions for                          | Administrative and Stati   | istical Records  |                  |             |                     |
| 6.      |                          |   | er Chapters 7, 11, or 13?  |  |                  |             |                     |
| 0.      |                          | • •   | •  | check this box and submit this form to the                                       | ne court with yo | our other s | chedules.           |
| 7.      | ■ Yes What kind of o     | debt do you have?                           |  |  |                  |             |                     |
|         |                          |   |  | debts are those "incurred by an individuel for statistical purposes. 28 U.S.C. § |                  | a persona   | l, family, or       |
|         |                          | ts are not primarily owith your other sched |  | ve nothing to report on this part of the f                                       | orm. Check thi   | s box and   | submit this form to |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Michael Padrazo Case number (if known) From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 3,189.71

122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total o | laim     |
|--|---------|----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 1,700.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 1,287.73 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 2,987.73 |

| ebtor 1            |                         |                       | nis filing |   |                              |                         |   |
|--------------------|-------------------------|-----------------------|------------|---|------------------------------|-------------------------|---|
|                    | Michael Pad             |                       | Name       | Lost Namo   |                              |                         |   |
| ebtor 2            | FIISI Name              | Middle                | Name       | Last Name   |                              |                         |   |
| pouse, if filing)  | First Name              | Middle                | Name       | Last Name   |                              |                         |   |
| nited States Ban   | kruptcy Court for       | the: EASTERN          | DISTRI     | CT OF NEW YORK  |                              |                         |   |
| ase number         |                         |                       |            |   |                              |                         | ☐ Check if this is a amended filing       |
| Official For       | m 106A/P                |                       |            |   |                              |                         |   |
| chedule            | A/B: Pr                 | operty                |            | only once. If an asset fits in more than one o  |                              |                         | 12/15                                     |
|                    | •                       |                       |            | top of any additional pages, write your nam  Estate You Own or Have an Interest In  | o una odoo nam               | ioor (ii iiii)          |   |
| Do you own or hav  | ve any legal or equ     | itable interest in an | y reside   | nce, building, land, or similar property?   |                              |                         |   |
| ☐ No. Go to Part 2 | <b>&gt;</b>             |                       |            |   |                              |                         |   |
| Yes. Where is t    |                         |                       |            |   |                              |                         |   |
| — Tes. Where is t  | ine property:           |                       |            |   |                              |                         |   |
|                    |                         |                       |            |   |                              |                         |   |
| 1                  |                         |                       | What       | is the property? Check all that apply   |                              |                         |   |
| 21 Oceanvi         | ew Blvd.                |                       |            | Single-family home  | Do not deduct                | secured cla             | ims or exemptions. Put th                 |
| Street address, if | available, or other des | cription              |            | Duplex or multi-unit building Condominium or cooperative  | amount of any                | secured cla             | nims on Schedule D:  Secured by Property. |
| Manorville         | NY                      | 11949-0000            |            | Manufactured or mobile home   | Current value                |                         | Current value of the                      |
|                    | State                   | ZIP Code              |            | Land Investment property  | entire proper<br>\$375       | τy ?<br>, <b>000.00</b> | portion you own?<br>\$375,000.0           |
| City               |                         |                       |            | Timeshare   |                              | nature of ye            | our ownership interest                    |
| City               |                         |                       |            | Other   | (such as fee                 | simpie, tena            | ancy by the entireties, or                |
| City               |                         |                       | _          | has an interest in the property? Check one  | (such as fee a life estate), |                         | ancy by the entireties, or                |
| City               |                         |                       | Who        | has an interest in the property? Check one Debtor 1 only  |                              |                         | ancy by the entireties, or                |
| ·                  |                         |                       | Who        | has an interest in the property? Check one Debtor 1 only Debtor 2 only  | a life estate),              | if known.               |   |
| Suffolk            |                         |                       | Who        | has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another   | Check if                     | if known.               | ncy by the entireties, or                 |
| Suffolk            |                         |                       | Who        | has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this item | Check if                     | if known.               | ncy by the entireties, or                 |
| Suffolk            |                         |                       | Who        | has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another   | Check if                     | if known.               |   |
| Suffolk            |                         |                       | Who        | has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this item | Check if                     | if known.               |   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debto  | or 1 <u>N</u>         | lichael Pad                             | Irazo   |  | Case number (if known)                   |   |
|--------|-----------------------|---|---|--|--|---|
| . Ca   | rs. vans.             | . trucks. trac                          | tors, sport utility ve                          | ehicles, motorcycles   |  |   |
|        |                       | ,,                                      | <b>,</b> . <b>,</b>                             | ,,   |  |   |
|        |                       |   |   |  |  |   |
| •      | Yes                   |   |   |  |  |   |
|        |                       |   |   |  | Do not deduct secured                    | claims or exemptions. Put   |
| 3.1    | Make:                 | Honda                                   |   | Who has an interest in the property? Check one                           | the amount of any secu                   | red claims on Schedule D:   |
|        | Model:                | Magna 7                                 | 50  | Debtor 1 only  | Creditors Who Have C                     | laims Secured by Property.  |
|        | Year:                 | 2002<br>mate mileage:                   | 4000  | Debtor 2 only  | Current value of the entire property?    | Current value of the portion you own?   |
|        |                       | formation:                              | 4000  | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   | entire property:                         | portion you own:  |
|        |                       |   |   | At least the of the deptors and another                                  |  |   |
|        |                       |   |   | ☐ Check if this is community property (see instructions)                 | \$2,000.00                               | \$2,000.00  |
|        |                       |   |   | (See Instructions)   |  |   |
| 3.2    | Make:                 | Dodge                                   |   | Who has an interest in the property? Check one                           | Do not deduct secured                    | claims or exemptions. Put   |
| 3.2    |                       | Ram                                     |   | _  |  | ured claims on Schedule D:  |
|        | Model:<br>Year:       | 2011                                    |   | Debtor 1 only  |  | laims Secured by Property.  |
|        |                       | nate mileage:                           | 67,000  | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                             | Current value of the<br>entire property? | Current value of the<br>portion you own?  |
|        |                       | formation:                              |   | At least one of the debtors and another                                  |  | <b>F/</b>   |
|        | subjec                | t to lien                               |   |  | 444.000.00                               |   |
|        |                       |   |   | ☐ Check if this is community property (see instructions)                 | \$14,000.00                              | \$14,000.00   |
|        | Yes                   |   |   |  |  |   |
|        |                       |   |   | n for all of your entries from Part 2, includin that number here         |  | \$16,000.00   |
| Part 3 | Descri                | be Your Perso                           | nal and Household Ite                           | ems  |  |   |
|        |                       |   |   | terest in any of the following items?                                    |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|        | <i>kamples:</i><br>No | goods and the Major appliar escribe     | furnishings<br>nces, furniture, linens          | s, china, kitchenware  |  |   |
|        | 100. De               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Misc Househol                                   | d Goods and Furnishings  |  | \$750.00  |
|        |                       |   | ou  | a codao ana i armoningo  |  |   |
| Ex     | No                    | Televisions a<br>including cell         |   | eo, stereo, and digital equipment; computers, pr<br>nedia players, games | rinters, scanners; music colle           | ections; electronic devices   |
|        | res. De               | escribe                                 |   |  |  |   |
|        |                       |   | Misc. Electronic                                | CS   |  | \$350.00  |
|        |                       |   |   |  |  |   |
|        | camples:              |   | l figurines; paintings,<br>ons, memorabilia, co | prints, or other artwork; books, pictures, or othe                       | er art objects; stamp, coin, or          | baseball card collections;  |

■ No

☐ Yes. Describe.....

| De              | btor 1                   | Michael Pad   | Irazo                       |   | Case number (if known)             |   |
|-----------------|--------------------------|---|-----------------------------|---|------------------------------------|---|
|                 |                          |   |                             |   |                                    |   |
| 9. <b>E</b>     | <b>Equipm</b><br>Example | ent for sports a<br>les: Sports, photo<br>musical instr | ographic, exercise, and otl | ner hobby equipment; bicycles, pool   | tables, golf clubs, skis; canoes a | and kayaks; carpentry tools;  |
|                 | No                       |   |                             |   |                                    |   |
| ı               | → Yes.                   | Describe  |                             |   |                                    |   |
|                 | Firearn<br>Examp<br>■ No |   | s, shotguns, ammunition,    | and related equipment   |                                    |   |
|                 |                          | Describe  |                             |   |                                    |   |
|                 |                          |   |                             |   |                                    |   |
|                 | Clothe:<br>Examp<br>☐ No |   | othes, furs, leather coats, | designer wear, shoes, accessories   |                                    |   |
| ١               | Yes.                     | Describe  |                             |   |                                    |   |
|                 |                          |   | Misc. Wearing Appa          | arel  |                                    | \$750.00  |
| I               | □No                      |   | ewelry, costume jewelry, e  | ngagement rings, wedding rings, hei   | irloom jewelry, watches, gems, g   | old, silver   |
|                 |                          |   | Tage                        |   |                                    | <b>¢</b> 500.00   |
|                 |                          |   | Misc. Jewelry               |   |                                    | \$500.00  |
| 14.<br><b>I</b> | Any otl<br>■ No          | Describe  her personal an  Give specific inf            | -                           | did not already list, including any   | health aids you did not list       |   |
| 15.             |                          |   |                             | m Part 3, including any entries for   |                                    | \$2,350.00  |
| Par             | t 4: Des                 | scribe Your Finan                                       | cial Assots                 |   |                                    |   |
|                 |                          |   |                             | st in any of the following?   |                                    | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| I               | □No                      |   |                             | ır home, in a safe deposit box, and c   | on hand when you file your petitio | ·   |
| ١               | Yes                      |   |                             |   |                                    |   |
|                 |                          |   |                             |   | Cash                               | \$5.00  |
|                 | Examp                    |   |                             | accounts; certificates of deposit; sha<br>unts with the same institution, list ea |                                    | ouses, and other similar  |
|                 | □ No<br>■ Yes            |   |                             | Institution name:   |                                    |   |
|                 | — 1 €3                   |   |                             |   |                                    |   |
|                 |                          |   | 17.1. Checking              | TD Bank   |                                    | \$100.00  |

| Debt                | or 1                          | Michae                       | l Padrazo   |  |  | Case number (if known)   |   |
|---------------------|-------------------------------|------------------------------|---|--|--|--|---|
|                     |                               |                              | 17.2.   | Savings  | TD Bank  |  | \$100.00  |
| E                   |                               |                              |   | icly traded stocks<br>nent accounts with b                   | rokerage firms, money marke  | t accounts   |   |
|                     |                               |                              |   | Institution or issue   | r name:  |  |   |
| a                   | ınd jo                        | ublicly trad                 |   | l interests in incor   | porated and unincorporated   | businesses, including an interest in a                                       | n LLC, partnership,   |
|                     | No<br>Yes.                    | Give spec                    |   | n about them<br>ame of entity:                               |  | % of ownership:  |   |
| !<br>!              | Vegoti<br>Von-ne<br>No        | iable instru<br>egotiable ii | ments include nstruments are                      | personal checks, ca<br>those you cannot to                   | gotiable and non-negotiable ashiers' checks, promissory no ransfer to someone by signing | otes, and money orders.  |   |
| E                   | E <i>xamp</i><br>No           | oles: Intere                 | ension accour<br>sts in IRA, ER<br>account separa | <b>nts</b><br>ISA, Keogh, 401(k),                            | 403(b), thrift savings account  Institution name:  | s, or other pension or profit-sharing plans                                  |   |
| E                   | ∕our s<br>E <i>xamp</i><br>No | hare of all                  | s and prepayi<br>unused depos<br>ments with lar   | ments<br>its you have made s                                 | so that you may continue servi   | water), telecommunications companies, o                                      | or others   |
|                     | No                            |                              |   |  | ney to you, either for life or for   | a number of years)   |   |
| 24. <b>In</b><br>26 | terest<br>S U.S.<br>No        |                              | lucation IRA,<br>b)(1), 529A(b),                  | , and 529(b)(1).   |  | under a qualified state tuition program of any interests.11 U.S.C. § 521(c): | 1.  |
|                     | No                            | -                            |   | erests in property (   | other than anything listed in  | n line 1), and rights or powers exercisa                                     | ble for your benefit  |
| E                   | E <i>xamp</i><br>No           | oles: Intern                 | et domain nan                                     | ,  | and other intellectual proper<br>eeds from royalties and licensi                         | •  |   |
| <b>E</b>            | E <i>xamp</i><br>No           | oles: Buildi                 | ng permits, ex                                    | er general intangib<br>clusive licenses, coo<br>n about them |  | , liquor licenses, professional licenses                                     |   |
| Mon                 | ey or                         | property o                   | owed to you?                                      |  |  | <b>,</b><br>[  | Current value of the cortion you own? On not deduct secured claims or exemptions. |

| De  | ebtor 1     | Michael Padrazo   | Case number (if known)   |                               |
|-----|-------------|---|--|-------------------------------|
| 28. | Tax re      | funds owed to you   |  |                               |
|     | ■ No        |   |  |                               |
|     | ☐ Yes.      | Give specific information about them, in  | ncluding whether you already filed the returns and the tax years                     |                               |
| 00  | Famil.      |   |  | -                             |
| 29. |             | <b>/ support</b><br><i>ples:</i> Past due or lump sum alimony, spo                                    | ousal support, child support, maintenance, divorce settlement, property              | y settlement                  |
|     | ■ No        |   |  |                               |
|     | ☐ Yes.      | Give specific information   |  |                               |
| 30. | Exam        | amounts someone owes you  ples: Unpaid wages, disability insurance benefits; unpaid loans you made to | payments, disability benefits, sick pay, vacation pay, workers' competo someone else | ensation, Social Security     |
|     | ■ No □ Yes. | Give specific information   |  |                               |
|     |             | sts in insurance policies  ples: Health, disability, or life insurance;                               | health savings account (HSA); credit, homeowner's, or renter's insura                | nce                           |
|     | Yes.        | Name the insurance company of each p  |  |                               |
|     |             | Company name:   | Beneficiary:   | Surrender or refund<br>value: |
|     |             | Term policy wi  | ith TransAmerica   | \$0.00                        |
|     | ■ No        | one has died.  Give specific information  |  |                               |
| 33. |             |   | you have filed a lawsuit or made a demand for payment                                |                               |
|     | ■ No        | ples: Accidents, employment disputes, ir  | nsurance claims, or rights to sue  |                               |
|     |             | Describe each claim   |  |                               |
| 34. | _           | contingent and unliquidated claims o  | f every nature, including counterclaims of the debtor and rights to                  | o set off claims              |
|     | ■ No □ Yes  | Describe each claim   |  |                               |
|     |             |   |  |                               |
| 35. | Any fii     | nancial assets you did not already list   |  |                               |
|     |             | Give specific information   |  |                               |
| 36  |             |   | rom Part 4, including any entries for pages you have attached                        | \$205.00                      |
| Pa  | rt 5: De    | escribe Any Business-Related Property You   | Own or Have an Interest In. List any real estate in Part 1.                          |                               |
| 37. | Do you      | own or have any legal or equitable interest i   | n any business-related property?   |                               |
| _   |             | o to Part 6.  |  |                               |
| [   | ☐ Yes. (    | Go to line 38.  |  |                               |
| Pa  |             | escribe Any Farm- and Commercial Fishing-<br>you own or have an interest in farmland, list it in      | Related Property You Own or Have an Interest In.  Part 1.                            |                               |
| 46. | _ `         | • •   | nterest in any farm- or commercial fishing-related property?                         |                               |
|     | _           | . Go to Part 7.<br>s. Go to line 47.  |  |                               |
|     | res         | 5. GO 10 III IG 47 .  |  |                               |

| Debtor 1        | Michael Padrazo   |                    | Case number (if known)       |              |
|-----------------|---|--------------------|------------------------------|--------------|
| Part 7:         | Describe All Property You Own or Have an Interest in That You D   | old Not List Above |                              |              |
| Exan            | ou have other property of any kind you did not already list? mples: Season tickets, country club membership |                    |                              |              |
| ■ No<br>□ Yes   | s. Give specific information  |                    |                              |              |
|                 | the dollar value of all of your entries from Part 7. Write that   | it number here     |                              | \$0.00       |
| Part 8:         | List the Totals of Each Part of this Form   |                    |                              |              |
| 55. <b>Part</b> | t 1: Total real estate, line 2  |                    |                              | \$375,000.00 |
| 56. <b>Part</b> | t 2: Total vehicles, line 5   | \$16,000.00        |                              |              |
| 57. <b>Part</b> | t 3: Total personal and household items, line 15  | \$2,350.00         |                              |              |
| 58. <b>Part</b> | t 4: Total financial assets, line 36  | \$205.00           |                              |              |
| 59. <b>Part</b> | t 5: Total business-related property, line 45   | \$0.00             |                              |              |
| 60. <b>Part</b> | t 6: Total farm- and fishing-related property, line 52  | \$0.00             |                              |              |
| 61. <b>Part</b> | t 7: Total other property not listed, line 54 +   | \$0.00             |                              |              |
| 62. <b>Tota</b> | al personal property. Add lines 56 through 61   | \$18,555.00        | Copy personal property total | \$18,555.00  |
| 63. <b>Tota</b> | al of all property on Schedule A/B. Add line 55 + line 62   |                    |                              | \$393,555.00 |

| ı ər              | II in this inform  | nation to identify your case   | 0.  |                              |  | ī   |   |
|-------------------|--|--|---|------------------------------|--|---|---|
|                   |  |  | c.  |                              |  |   |   |
| De                | ebtor 1  | Michael Padrazo First Name   | Middle Name   | L                            | ast Name   |   |   |
|                   | ebtor 2<br>ouse if, filing)  | First Name   | Middle Name   |                              | ast Name   |   |   |
| ` '               | , 0,   |  |   |                              |  |   |   |
| Ur                | nited States Ba  | nkruptcy Court for the: EA   | ASTERN DISTRICT OF N  | EVV Y                        | URK  |   |   |
|                   | ase number   |  |   |                              |  |   | Charle if this is an  |
| (11 1             | (HOWH)   |  |   |                              |  |   | Check if this is an amended filing                                  |
| _                 | · · · · -  | 4000   |   |                              |  | _   |   |
|                   |  | rm 106C  |   |                              |  |   |   |
| <u>S</u>          | chedul   | e C: The Prop  | erty You Cla  | <u>aim</u>                   | as Exempt  |   | 4/19  |
| the<br>nee<br>and | property you li<br>eded, fill out and<br>d case number<br>r each item of | sted on Schedule A/B: Proport attach to this page as man (if known).  property you claim as exert          | erty (Official Form 106A/B<br>by copies of Part 2: Addition<br>mpt, you must specify th | ) as yo<br>onal Pa<br>ne amo | ther, both are equally responsible four source, list the property that you age as necessary. On the top of an bount of the exemption you claim. Ir market value of the property be | u claim as ex<br>y additional p<br>One way of | empt. If more space is ages, write your name doing so is to state a |
| any<br>fun<br>exe | / applicable st<br>ds—may be u<br>emption to a p                         | atutory limit. Some exemp<br>inlimited in dollar amount.   | tions—such as those for<br>However, if you claim ar                                     | r heal<br>n exer             | th aids, rights to receive certain nption of 100% of fair market val determined to exceed that amour   | benefits, and<br>ue under a la                | I tax-exempt retirement<br>aw that limits the                       |
| Pa                | rt 1: Identif  | y the Property You Claim a   | as Exempt   |                              |  |   |   |
| 1.                | Which set of   | exemptions are you claim   | ing? Check one only, eve  | en if yo                     | our spouse is filing with you.   |   |   |
|                   | ☐ You are cl   | aiming state and federal non   | bankruptcy exemptions.  | 11 U.S                       | S.C. § 522(b)(3)   |   |   |
|                   | You are cl   | aiming federal exemptions.   | 11 U.S.C. § 522(b)(2)   |                              |  |   |   |
| 2.                | For any prop   | perty you list on <i>Schedule</i> A  | A/B that you claim as exe   | empt.                        | fill in the information below.   |   |   |
|                   |  | Brief description of the property and line on    Current value of the    Amount of the exemption you claim |   |                              | Specific law   | s that allow exemption                        |   |
|                   | Schedule A/B   | that lists this property   | portion you own   | Cha                          | al only one hay for each averantion  |   |   |
|                   |  |  | Copy the value from<br>Schedule A/B   | Cne                          | ck only one box for each exemption.  |   |   |
|                   |  | ehold Goods and  | \$750.00  |                              | \$750.00   | 11 U.S.C.                                     | § 522(d)(3)   |
|                   | Furnishing Line from Sci   | s<br>hedule A/B: <b>6.1</b>  |   |                              | 100% of fair market value, up to any applicable statutory limit  |   |   |
|                   | Misc. Elect  |  | \$350.00  |                              | \$350.00   | 11 U.S.C.                                     | § 522(d)(3)   |
|                   | Line from Scl  | hedule A/B: <b>7.1</b>   |   |                              | 100% of fair market value, up to any applicable statutory limit  |   |   |
|                   |  | ing Apparel  | \$750.00  |                              | \$750.00   | 11 U.S.C.                                     | § 522(d)(3)   |
|                   | Line from Scl  | hedule A/B: <b>11.1</b>  |   |                              | 100% of fair market value, up to   |   |   |
|                   |  |  |   |                              | any applicable statutory limit   |   |   |
|                   | Misc. Jewe   | Iry<br>hedule A/B: 12.1  | \$500.00  |                              | \$500.00   | 11 U.S.C.                                     | § 522(d)(4)   |
|                   |  |  |   |                              | 100% of fair market value, up to any applicable statutory limit  |   |   |
|                   |  | y with TransAmerica hedule A/B: 31.1   | \$0.00  |                              | \$0.00   | 11 U.S.C.                                     | § 522(d)(7)   |
|                   | LINE HOM SCI   | reduie AVD. 31.1   |   |                              | 100% of fair market value, up to any applicable statutory limit  |   |   |

Official Form 106C

| Del | otor 1 | Michael Padrazo   | Case number (if known)      |
|-----|--------|---|-----------------------------|
| 3.  | •      | you claiming a homestead exemption of more than \$170,350? ject to adjustment on 4/01/22 and every 3 years after that for cases filed on or aft | er the date of adjustment.) |
|     |        | No  |                             |
|     |        | Yes. Did you acquire the property covered by the exemption within 1,215 days be   | efore you filed this case?  |
|     | I      | □ No  |                             |
|     | I      | □ Yes   |                             |

Official Form 106C

|         | in this information to identify  | A VOIII CASA:   |                      |                       |                         |               |
|---------|--|---|----------------------|-----------------------|-------------------------|---------------|
|         |  |   |                      |                       |                         |               |
| Deb     | tor 1 Michael Pad  | razo Middle Name  | Last Name            |                       | -                       |               |
| Dob     | First Name   | Middle Name   | Last Name            |                       |                         |               |
|         | se if, filing) First Name  | Middle Name   | Last Name            |                       | -                       |               |
| Unite   | ed States Bankruptcy Court for   | the: EASTERN DISTRICT OF  | NEW YORK             |                       |                         |               |
|         |  |   |                      |                       | _                       |               |
| (if kno | e number<br>   |   |                      |                       | ☐ Check                 | if this is an |
| (       | ·····,   |   |                      |                       | _                       | ded filing    |
|         |  |   |                      |                       |                         | g             |
| Offi    | cial Form 106D   |   |                      |                       |                         |               |
| Scl     | hedule D: Credito  | ors Who Have Claim  | ns Secure            | d by Propert          | v                       | 12/15         |
|         |  |   |                      | <u> </u>              |                         |               |
|         | ed, copy the Additional Page, fill it                                    | ble. If two married people are filing tog<br>tout, number the entries, and attach i       |                      |                       |                         |               |
|         | any creditors have claims secure   | d by your property?   |                      |                       |                         |               |
| _       | _  | mit this form to the court with your  | other schedules      | You have nothing else | to report on this form  |               |
|         | _  | ŕ   | other somedaics.     | Tou have nothing cloc | to report on this form. |               |
|         | Yes. Fill in all of the informa  |   |                      |                       |                         |               |
| Part    | 1: List All Secured Claims   | S   |                      | . Column A            | Column B                | Column C      |
|         |  | has more than one secured claim, list the<br>s a particular claim, list the other credito |                      | for                   | Value of collateral     | Unsecured     |
|         |  | order according to the creditor's name.   |                      | Do not deduct the     | that supports this      | portion       |
| I       | Citizens One Auto  |   |                      | value of collateral.  | claim                   | If any        |
| 2.1     | Finance  | Describe the property that secu   | ires the claim:      | \$18,095.29           | \$14,000.00             | \$4,095.29    |
|         | Creditor's Name  | 2011 Dodge Ram 67,000   | ) miles              |                       |                         |               |
|         | Consumer Loan  | subject to lien   |                      |                       |                         |               |
|         | Servicing<br>RJW218  | As of the date you file, the clain  | n is: Check all that |                       |                         |               |
|         | PO Box 42002   | apply.  |                      |                       |                         |               |
|         | Providence, RI   | ☐ Contingent  |                      |                       |                         |               |
|         | 02940-2002   |   |                      |                       |                         |               |
|         | Number, Street, City, State & Zip Code                                   | =   |                      |                       |                         |               |
| Who     | owes the debt? Check one.  | Disputed  | amh.                 |                       |                         |               |
| _       |  | Nature of lien. Check all that ap   |                      | aad                   |                         |               |
| _       | ebtor 1 only   | An agreement you made (such car loan)   | n as mongage or se   | curea                 |                         |               |
|         | ebtor 2 only   | , Chat. than . East (accept as the colling  |                      |                       |                         |               |
|         | ebtor 1 and Debtor 2 only tleast one of the debtors and anoth            | ☐ Statutory lien (such as tax lien er ☐ Judgment lien from a lawsuit                      | ı, mecnanic's lien)  |                       |                         |               |
|         | t least one of the deptors and anoth<br>Theck if this claim relates to a | _   | ot) Car Loan         |                       |                         |               |
|         | community debt   | Other (including a right to offs.)  | et) Gai Loan         |                       |                         |               |
|         | 1.14   |   | 404=                 |                       |                         |               |
| ₽ate    | debt was incurred  | Last 4 digits of account  | number 4047          |                       |                         |               |

| Debtor 1 Micha                             | ael Padrazo               |   | (               | Case number (if known) |              |             |  |
|--|---------------------------|---|-----------------|------------------------|--------------|-------------|--|
| First Na                                   | me Middle i               | Name Last Name  |                 |                        |              |             |  |
| 2.2 Mr. Coop                               | er                        | Describe the property that secures                        | the claim:      | \$410,435.47           | \$375,000.00 | \$35,435.47 |  |
| Creditor's Nam                             | -                         | 21 Oceanview Blvd. Manor<br>11949 Suffolk County          | ville, NY       |                        | <u> </u>     |             |  |
| 8950 Cyp<br>Blvd.<br>Coppell, <sup>1</sup> | ress Waters<br>TX 75019   | As of the date you file, the claim is: apply.  Contingent | Check all that  |                        |              |             |  |
| Number, Street                             | t, City, State & Zip Code | ☐ Unliquidated  |                 |                        |              |             |  |
| Who owes the de                            | ebt? Check one.           | ☐ Disputed  Nature of lien. Check all that apply.         |                 |                        |              |             |  |
| ☐ Debtor 1 only ☐ Debtor 2 only            |                           | An agreement you made (such as car loan)                  | mortgage or sec | eured                  |              |             |  |
| ☐ Debtor 1 and De                          | ebtor 2 only              | ☐ Statutory lien (such as tax lien, me                    | chanic's lien)  |                        |              |             |  |
| At least one of t                          | he debtors and another    | ☐ Judgment lien from a lawsuit                            |                 |                        |              |             |  |
| Check if this cl<br>community de           |                           | Other (including a right to offset)                       | Mortgage        |                        |              |             |  |
| Date debt was inco                         | urred <u>2/05</u>         | Last 4 digits of account num                              | ber <u>9816</u> |                        |              |             |  |
|  |                           |   |                 |                        |              |             |  |
| Add the dollar va                          | alue of your entries in C | olumn A on this page. Write that num                      | ber here:       | \$428,530.             | 76           |             |  |
| If this is the last<br>Write that numb     |                           | the dollar value totals from all pages.                   |                 | \$428,530.             | 76           |             |  |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this inform  | nation to identify your   | case:             |                           |                 |                |                           | Ī                   |           |                    |
|----------------------|---|-------------------|---------------------------|-----------------|----------------|---------------------------|---------------------|-----------|--------------------|
|                      |   |                   |                           |                 |                |                           |                     |           |                    |
| Debtor 1             | Michael Padrazo First Name  | Middle            | Name                      | Last Nam        | e              |                           |                     |           |                    |
| Debtor 2             |   |                   |                           |                 |                |                           |                     |           |                    |
| (Spouse if, filing)  | First Name  | Middle            | Name                      | Last Nam        | е              | _                         |                     |           |                    |
| United States Ba     | nkruptcy Court for the:   | EASTERN           | DISTRICT OF NE            | W YORK          |                |                           |                     |           |                    |
| Case number          |   |                   |                           |                 |                |                           |                     |           |                    |
| (if known)           |   |                   |                           |                 |                |                           |                     | Check     | if this is an      |
|                      |   |                   |                           |                 |                |                           |                     | amend     | ed filing          |
| Official Forn        | n 106E/E  |                   |                           |                 |                |                           |                     |           |                    |
|                      | ir 100⊑/⊏<br>i/F: Creditors W                                       | ho Hav            | o Uneocurod               | l Claim         |                |                           |                     |           | 12/15              |
|                      | accurate as possible. Use   |                   |                           |                 |                | r craditors with NONE     | DIODITY of          | ime Liet  |                    |
| any executory conti  | racts or unexpired leases the                                       | hat could res     | sult in a claim. Also li  | st executor     | y contracts    | on Schedule A/B: Pr       | operty (Offic       | ial Form  | 106A/B) and on     |
|                      | tory Contracts and Unexpir<br>lave Claims Secured by Pro            |                   |                           |                 |                |                           |                     |           |                    |
|                      | age to this page. If you have                                       |                   |                           |                 |                |                           |                     |           |                    |
|                      | II of Your PRIORITY Un  | secured Cl        | aime                      |                 |                |                           |                     |           |                    |
|                      | ors have priority unsecured   |                   |                           |                 |                |                           |                     |           |                    |
| No. Go to P          |   | · ciaiiiic agaii  | ,                         |                 |                |                           |                     |           |                    |
| ■ Yes.               |   |                   |                           |                 |                |                           |                     |           |                    |
|                      | priority unsecured claims.  | . If a creditor h | nas more than one prio    | rity unsecure   | ed claim, list | t the creditor separately | / for each clai     | m. For ea | ch claim listed,   |
| identify what typ    | be of claim it is. If a claim has<br>e claims in alphabetical order | s both priority   | and nonpriority amoun     | ts, list that c | aim here ar    | nd show both priority ar  | nd nonpriority      | amounts.  | As much as         |
|                      | one creditor holds a particula                                      |                   |                           |                 | Jie tilali two | priority unsecured cia    | iiiis, iiii out tir | e Continu | ation rage of rait |
| (For an explana      | ation of each type of claim, se                                     | ee the instruct   | ions for this form in the | instruction     | booklet.)      | <b>-</b>                  | B 1 . 1             |           | N                  |
|                      |   |                   |                           |                 |                | Total claim               | Priority<br>amount  |           | Nonpriority amount |
| 2.1 Catheri          | ne A. Padrazo   |                   | Last 4 digits of accou    | ınt number      |                | \$1,700.00                | )                   | \$0.00    | \$1,700.00         |
| •                    | editor's Name<br>anview Blvd.                                       |                   | When was the debt in      | ourrod?         | 2016           |                           |                     |           |                    |
|                      | ille, NY 11949  |                   | when was the dept in      | icurreur        | 2010           |                           | _                   |           |                    |
| Number St            | treet City State Zip Code   |                   | As of the date you file   | e, the claim    | is: Check a    | all that apply            |                     |           |                    |
| Who incurred         | d the debt? Check one.  |                   | ☐ Contingent              |                 |                |                           |                     |           |                    |
| Debtor 1 o           | only  |                   | ■ Unliquidated            |                 |                |                           |                     |           |                    |
| Debtor 2 o           | only  |                   | ☐ Disputed                |                 |                |                           |                     |           |                    |
| Debtor 1 a           | and Debtor 2 only   |                   | Type of PRIORITY un       | secured cla     | im:            |                           |                     |           |                    |
| ☐ At least on        | ne of the debtors and another                                       | r                 | ■ Domestic support of     | obligations     |                |                           |                     |           |                    |
| ☐ Check if t         | his claim is for a communi  | ity debt          | ☐ Taxes and certain of    | other debts y   | ou owe the     | government                |                     |           |                    |
| Is the claim s       | subject to offset?  |                   | ☐ Claims for death or     | personal inj    | ury while yo   | ou were intoxicated       |                     |           |                    |
| ■ No                 |   |                   | ☐ Other. Specify          |                 |                |                           |                     |           |                    |
| ☐ Yes                |   |                   | \$                        | 1,600 mo        | nthly ch       | ild support               |                     |           |                    |
| 2.2 Internal         | Revenue Service   |                   | Last 4 digits of accou    | ınt number      |                | \$1,287.73                | <b>\$</b> 1         | 287.73    | \$0.00             |
| Priority Cre         | editor's Name   |                   | Luct 4 digito of door     |                 |                | Ψ1,201.110                | Ψ1,                 | 201.10    | Ψ0.00              |
| PO Box               |   | _                 | When was the debt in      | curred?         | 2018           |                           | _                   |           |                    |
| Philade<br>Number St | Iphia, PA 19101-7317<br>treet City State Zip Code                   | <u>/</u>          | As of the date you file   | e, the claim    | is: Check a    | all that apply            |                     |           |                    |
|                      | the debt? Check one.  |                   | ☐ Contingent              | ,               |                | 7                         |                     |           |                    |
| Debtor 1 o           | only  |                   | ☐ Unliquidated            |                 |                |                           |                     |           |                    |
| Debtor 2 o           | only  |                   | ☐ Disputed                |                 |                |                           |                     |           |                    |
|                      | and Debtor 2 only   |                   | Type of PRIORITY un       | secured cla     | im:            |                           |                     |           |                    |
| _                    | ne of the debtors and another                                       |                   | ☐ Domestic support of     |                 |                |                           |                     |           |                    |
|                      | his claim is for a communi  |                   | ■ Taxes and certain of    | ū               | OU OWO the     | government                |                     |           |                    |
|                      | nis ciaim is for a communi<br>subject to offset?                    | •                 | ☐ Claims for death or     | -               |                | =                         |                     |           |                    |
| ■ No                 | ,   |                   | Other. Specify            | ,               | , yo           |                           |                     |           |                    |
| ☐ Yes                |   |                   | · · · —                   | ncome ta        | x              |                           |                     |           |                    |

Official Form 106 E/F

| Debtor  | 1 Michael Padrazo  |   | Case number (if known)                              |                                       |
|---------|--|---|---|---------------------------------------|
|         |  |   |   |                                       |
| Part 2: | List All of Your NONPRIORITY Unsecure  | ed Claims                                 |   |                                       |
| 3. Do   | any creditors have nonpriority unsecured claims a  | gainst you?                               |   |                                       |
|         | No. You have nothing to report in this part. Submit this   | s form to the court with your other sche  | edules.   |                                       |
| _       | Yes.   | ·   |   |                                       |
| -       | Yes.   |   |   |                                       |
| clai    | t all of your nonpriority unsecured claims in the alg<br>m, list the creditor separately for each claim. For each<br>ditor holds a particular claim, list the other creditors in | claim listed, identify what type of claim | n it is. Do not list claims already included in Par | t 1. If more than one                 |
|         |  |   |   | Total claim                           |
| 4.1     | Bryan L. Salamone &  | Last 4 digits of account number           |   | \$900.00                              |
|         | Nonpriority Creditor's Name  |   |   | · · · · · · · · · · · · · · · · · · · |
|         | Associates, P.C.<br>1145 Walt Whitman Road   | When was the debt incurred?               | 2017-2018   |                                       |
|         | Melville, NY 11747   |   |   |                                       |
|         | Number Street City State Zip Code  | As of the date you file, the claim        | is: Check all that apply                            |                                       |
|         | Who incurred the debt? Check one.  | ☐ Contingent                              |   |                                       |
|         | Debtor 1 only  | ☐ Unliquidated                            |   |                                       |
|         | ☐ Debtor 2 only  | ☐ Disputed                                |   |                                       |
|         | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecure              | d claim:  |                                       |
|         | ☐ At least one of the debtors and another  | ☐ Student loans                           |   |                                       |
|         | $\square$ Check if this claim is for a community debt  | Obligations arising out of a sepa         | aration agreement or divorce that you did not       |                                       |
|         | Is the claim subject to offset?  | report as priority claims                 |   |                                       |
|         | ■ No   | Debts to pension or profit-sharing        | ng plans, and other similar debts                   |                                       |
|         | Yes  | Other. Specify Delinquen                  | t Account   | _                                     |
| 4.2     | Capital One  | Last 4 digits of account number           | 0313  | \$11,654.72                           |
|         | Nonpriority Creditor's Name  |   | 0045 0040   | · · · · · · · · · · · · · · · · · · · |
|         | PO Box 6492<br>Carol Stream, IL 60197-6492   | When was the debt incurred?               | 2015-2018   | _                                     |
|         | Number Street City State Zip Code  | As of the date you file, the claim        | is: Check all that apply                            |                                       |
|         | Who incurred the debt? Check one.  | ☐ Contingent                              |   |                                       |
|         | ■ Debtor 1 only  | ☐ Unliquidated                            |   |                                       |
|         | ☐ Debtor 2 only  | ☐ Disputed                                |   |                                       |
|         | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecure              | d claim:  |                                       |
|         | ☐ At least one of the debtors and another  | ☐ Student loans                           |   |                                       |
|         | ☐ Check if this claim is for a community debt  | Obligations arising out of a sepa         | aration agreement or divorce that you did not       |                                       |
|         | Is the claim subject to offset?  | report as priority claims                 | ,   |                                       |
|         | ■ No   | Debts to pension or profit-sharing        | ng plans, and other similar debts                   |                                       |
|         | Yes  | ■ Other. Specify Credit Car               | d   |                                       |
|         |  | · · ·                                     |   | _                                     |

| Debtor | Michael Padrazo   | Case number (if known)  |  |            |  |  |
|--------|---|---|--|------------|--|--|
| 4.3    | Capital One Bank  | Last 4 digits of account number                                     | 9245   | \$2,238.12 |  |  |
|        | Nonpriority Creditor's Name PO Box 60504 City of Industry, CA 91716           | When was the debt incurred?   | 2015-2018                                    |            |  |  |
| -      | Number Street City State Zip Code   | As of the date you file, the claim i                                | s: Check all that apply                      |            |  |  |
|        | Who incurred the debt? Check one.  ■ Debtor 1 only  □ Debtor 2 only           | ☐ Contingent ☐ Unliquidated ☐ Disputed                              |  |            |  |  |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another        | Type of NONPRIORITY unsecured  ☐ Student loans                      | I claim:                                     |            |  |  |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims       | ration agreement or divorce that you did not |            |  |  |
|        | ■ No  | Debts to pension or profit-sharin                                   | g plans, and other similar debts             |            |  |  |
|        | Yes   | Other. Specify Credit Card  | l/Heizberg                                   |            |  |  |
| 4.4    | CBHV  | Last 4 digits of account number                                     | 2762   | \$138.04   |  |  |
|        | Nonpriority Creditor's Name PO Box 831  | When was the debt incurred?   |  |            |  |  |
| -      | Newburgh, NY 12551-0831  Number Street City State Zip Code                    | As of the date you file, the claim i                                | s: Check all that apply                      |            |  |  |
|        | Who incurred the debt? Check one.   | П 0ti   |  |            |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent ☐ Unliquidated   |  |            |  |  |
|        | ☐ Debtor 2 only   | ☐ Disputed  |  |            |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                       |  |            |  |  |
|        | ☐ At least one of the debtors and another                                     | ☐ Student loans   |  |            |  |  |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _   | ration agreement or divorce that you did not |            |  |  |
|        | ■ No  | ☐ Debts to pension or profit-sharin                                 |  |            |  |  |
|        | Yes   | Other. Specify Collection/  | Optimum                                      |            |  |  |
| 4.5    | Chase   | Last 4 digits of account number                                     | 3585   | \$2,311.48 |  |  |
|        | Nonpriority Creditor's Name PO Box 15123                                      | When was the debt incurred?   | 2015-2018                                    |            |  |  |
| -      | Wilmington, DE 19850-5123  Number Street City State Zip Code                  | As of the date you file, the claim i                                | s: Check all that apply                      |            |  |  |
|        | Who incurred the debt? Check one.   | ☐ Contingent  |  |            |  |  |
|        | Debtor 1 only   | ☐ Unliquidated  |  |            |  |  |
|        | Debtor 2 only   | ☐ Disputed  |  |            |  |  |
|        | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                       | l claim:                                     |            |  |  |
|        | At least one of the debtors and another                                       | ☐ Student loans   |  |            |  |  |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | report as priority claims   | ration agreement or divorce that you did not |            |  |  |
|        | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts |  |            |  |  |
|        | ☐ Yes   | Other. Specify Credit Card  | 1  |            |  |  |

Official Form 106 E/F

| Debto | m 1 Michael Padrazo   | Case number (if known)  |          |  |  |
|-------|---|---|----------|--|--|
| 4.6   | Country Pointe at   | Last 4 digits of account number   | \$600.00 |  |  |
|       | Nonpriority Creditor's Name Manorville HOA PO Box 305                         | When was the debt incurred? 2013  |          |  |  |
|       | Manorville, NY 11949  Number Street City State Zip Code                       | As of the date you file, the claim is: Check all that apply   |          |  |  |
|       | Who incurred the debt? Check one.   | ☐ Contingent  |          |  |  |
|       | Debtor 1 only   | ☐ Unliquidated  |          |  |  |
|       | Debtor 2 only   | ☐ Disputed  |          |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |          |  |  |
|       | At least one of the debtors and another                                       | ☐ Student loans   |          |  |  |
|       | ☐ Check if this claim is for a community debt                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not                                   |          |  |  |
|       | Is the claim subject to offset?   | report as priority claims   |          |  |  |
|       | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |          |  |  |
|       | Yes   | ■ Other. Specify Maintenance Fees/HOA   |          |  |  |
| 4.7   | Country Pointe at   | Last 4 digits of account number   | \$600.00 |  |  |
|       | Nonpriority Creditor's Name Manorville HOA PO Box 305                         | When was the debt incurred? 2014  |          |  |  |
|       | Manorville, NY 11949  |   |          |  |  |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.          | As of the date you file, the claim is: Check all that apply   |          |  |  |
|       | Debtor 1 only   | ☐ Contingent  |          |  |  |
|       |   | ☐ Unliquidated  |          |  |  |
|       | Debtor 2 only   | ☐ Disputed  |          |  |  |
|       | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |          |  |  |
|       | At least one of the debtors and another                                       | ☐ Student loans   |          |  |  |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset? | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |  |  |
|       | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |          |  |  |
|       | Yes   | ■ Other. Specify Maintenance Fees/HOA   |          |  |  |
| 4.8   | Greystar  | Last 4 digits of account number   | Unknown  |  |  |
|       | Nonpriority Creditor's Name<br>1920 Spade Fish Blvd.<br>Trinity, FL 34655     | When was the debt incurred?   |          |  |  |
|       | Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |          |  |  |
|       | Who incurred the debt? Check one.   | D 0   |          |  |  |
|       | Debtor 1 only   | ☐ Contingent  |          |  |  |
|       | Debtor 2 only   | ☐ Unliquidated  |          |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |          |  |  |
|       | ☐ At least one of the debtors and another                                     | Student loans   |          |  |  |
|       | ☐ Check if this claim is for a community debt                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not                                   |          |  |  |
|       | Is the claim subject to offset?   | report as priority claims   |          |  |  |
|       | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |          |  |  |
|       | ☐ Yes   | ■ Other. Specify early lease termination  |          |  |  |

| Debto         | Michael Padrazo   |   | Case number (if known)                            |                        |
|---------------|---|---|---|------------------------|
| 4.9           | Lending Club  Nonpriority Creditor's Name   | Last 4 digits of account number   | 1419  | \$12,959.37            |
|               | 71 Stevenson St.  | When was the debt incurred?   | 2016  |                        |
|               | Suite 300   |   |   |                        |
|               | San Francisco, CA 94105   |   | in Ohankallahatanah                               |                        |
|               | Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim  | is: Спеск ан that apply                           |                        |
|               | _   | ☐ Contingent  |   |                        |
|               | ■ Debtor 1 only   | ☐ Unliquidated  |   |                        |
|               | Debtor 2 only   | ☐ Disputed  |   |                        |
|               | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure  | d claim:  |                        |
|               | At least one of the debtors and another   | ☐ Student loans   |   |                        |
|               | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                            | aration agreement or divorce that you did not     |                        |
| ■ No          |   | Debts to pension or profit-sharing  | ng plans, and other similar debts                 |                        |
|               | Yes   | Other. Specify Loan   |   |                        |
| 4.10          | National Grid   | Last 4 digits of account number   | 0008  | \$534.12               |
|               | Nonpriority Creditor's Name   |   |   |                        |
|               | PO Box 11791<br>Newark, NJ 07101-4791   | When was the debt incurred?   | 2018  |                        |
|               | Number Street City State Zip Code   | As of the date you file, the claim  | is: Check all that apply                          |                        |
|               | Who incurred the debt? Check one.   | O continuent  |   |                        |
|               | Debtor 1 only   | ☐ Contingent  |   |                        |
|               | ☐ Debtor 2 only   | ☐ Unliquidated  |   |                        |
|               | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecure  | d claim:  |                        |
|               | ☐ At least one of the debtors and another   | Student loans   | u Ciaini.   |                        |
|               | ☐ Check if this claim is for a community debt   |   | aration agreement or divorce that you did not     |                        |
|               | Is the claim subject to offset?   | report as priority claims   | aration agreement of divorce that you did not     |                        |
|               | ■ No  | ☐ Debts to pension or profit-sharing  | ng plans, and other similar debts                 |                        |
|               | Yes   | ■ Other. Specify Utility Bill   |   |                        |
| 4.11          | PSEG Long Island  | Last 4 digits of account number   | 5403  | \$743.77               |
|               | Nonpriority Creditor's Name   | _   |   |                        |
|               | Customer Relations  | When was the debt incurred?   | 2018  |                        |
|               | PO Box 888<br>Hicksville, NY 11802-0888   |   |   |                        |
|               | Number Street City State Zip Code   | As of the date you file, the claim  | is: Check all that apply                          |                        |
|               | Who incurred the debt? Check one.   | ☐ Contingent  |   |                        |
|               | ■ Debtor 1 only   | ☐ Unliquidated  |   |                        |
|               | ☐ Debtor 2 only   | ☐ Disputed  |   |                        |
|               | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure  | d claim:  |                        |
|               | ☐ At least one of the debtors and another   | ☐ Student loans   |   |                        |
|               | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | _   | aration agreement or divorce that you did not     |                        |
|               | No  | Debts to pension or profit-sharir   | ng plans, and other similar debts                 |                        |
|               | ☐ Yes   | ·   | g plane, and other ominar doze                    |                        |
|               | □ res   | Other. Specify Utility Bill   |   |                        |
| Part 3        | List Others to Be Notified About a Deb  | t That You Already Listed   |   |                        |
| tryin<br>more | this page only if you have others to be notified about to collect from you for a debt you owe to some centant one creditor for any of the debts that you list debts in Parts 1 or 2, do not fill out or submit this | one else, list the original creditor in Pa<br>sted in Parts 1 or 2, list the additional | rts 1 or 2, then list the collection agency here. | Similarly, if you have |
|               |   | On which entry in Part 1 or Part 2 did you  | _   |                        |
|               | nal Revenue Service<br>. of Treasurv  | ine <u><b>2.2</b></u> of ( <i>Check one</i> ):  | Part 1: Creditors with Priority Unsecured Claims  | 3                      |
| DCNI.         |   |   | ID 100 0 0 0 10 10 10 10 10 10 10 10 10 10        |                        |

Andover, MA 01810-0010

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Official Form 106 E/F

| Debtor 1 Michael Padrazo                            |   | Case number (if known)   |  |  |
|---|---|--|--|--|
|   | Last 4 digits of account number   |  |  |  |
| Name and Address<br>Lending Club                    | On which entry in Part 1 or Part 2 did y Line 4.9 of (Check one):                 | ou list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims |  |  |
| 595 Market Street Suite 2300 Son Francisco CA 04105 | ■ Part 2: Creditors with Nonpriority Unsecured Claims                             |  |  |  |
| San Francisco, CA 94105                             | Last 4 digits of account number   |  |  |  |
| Name and Address  Optimum                           | On which entry in Part 1 or Part 2 did y Line <b>4.4</b> of ( <i>Check one</i> ): | ou list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims |  |  |
| 1111 Stewart Avenue<br>Bethpage, NY 11714           |   | Part 2: Creditors with Nonpriority Unsecured Claims                                |  |  |
| Dellipage, NT 11714                                 | Last 4 digits of account number   |  |  |  |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                             |     |  |     |    | Total Claim |
|-----------------------------|-----|--|-----|----|-------------|
|                             | 6a. | Domestic support obligations   | 6a. | \$ | 1,700.00    |
| Total claims from Part 1    | Ch  | Tayon and partain other debte you are the government   | Ch  | œ. | 4 007 70    |
| from Part 1                 | 6b. | Taxes and certain other debts you owe the government   | 6b. | \$ | 1,287.73    |
|                             | 6c. | Claims for death or personal injury while you were intoxicated                                       | 6c. | \$ | 0.00        |
|                             | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                              | 6d. | \$ | 0.00        |
|                             | 6e. | Total Priority. Add lines 6a through 6d.   | 6e. | \$ | 2,987.73    |
|                             |     |  |     |    | Total Claim |
|                             | 6f. | Student loans  | 6f. | \$ | 0.00        |
| Total claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you                                | 6g. | \$ | 0.00        |
|                             | 6h. | did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts | 6h. | ¢  |             |
|                             |     |  |     | Ф  | 0.00        |
|                             | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                           | 6i. | \$ | 32,679.62   |
|                             | 6j. | Total Nonpriority. Add lines 6f through 6i.  | 6j. | \$ | 32,679.62   |

| Fill in this infor  | mation to identify your  | case:              |            |                       |
|---------------------|--------------------------|--------------------|------------|-----------------------|
| Debtor 1            | Michael Padrazo          |                    |            |                       |
|                     | First Name               | Middle Name        | Last Name  |                       |
| Debtor 2            |                          |                    |            |                       |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name  |                       |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT C | F NEW YORK |                       |
| Case number         |                          |                    |            | _ 0                   |
| (if known)          |                          |                    |            | ☐ Check if this is an |
|                     |                          |                    |            | amended filing        |

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| P   | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|---|
| 2.1 | Greystar<br>1920 Spade Fish Blvd.<br>Trinity, FL 34655   | apartment lease 2/2/19 - 3/28/20        |
| 2.2 | Storage R Us<br>10 Frowein Road<br>Center Moriches, NY 11934   | \$185/mo. storage fee                   |

| Fill in th                          | is information to identify you  | case:  |  |  |
|-------------------------------------|---|--|--|--|
| Debtor 1                            | Michael Padrazo   |  |  |  |
| <b>5</b> 1                          | First Name  | Middle Name  | Last Name  |  |
| Debtor 2 (Spouse if,                |   | Middle Name  | Last Name  |  |
| United S                            | tates Bankruptcy Court for the:   | EASTERN DISTRICT O   | F NEW YORK   |  |
| Case nul                            | mber  |  |  | ☐ Check if this is an amended filing   |
|                                     | al Form 106H<br><b>dule H: Your Co</b> d  | ebtors   |  | 12/15  |
| people a<br>fill it out,<br>our nam | re filing together, both are equal<br>and number the entries in the<br>ne and case number (if known | ually responsible for supper boxes on the left. Attach ). Answer every question. | olying correct information<br>the Additional Page to | s complete and accurate as possible. If two married on. If more space is needed, copy the Additional Page of this page. On the top of any Additional Pages, write          |
| 1. D                                | o you have any codebtors? (If   | you are filing a joint case,   | do not list either spouse a                          | as a codebtor.   |
| □ N<br>■ Y                          |   |  |  |  |
|                                     | lithin the last 8 years, have yo<br>ona, California, Idaho, Louisiana                               |  |  | (Community property states and territories include ngton, and Wisconsin.)  |
|                                     | o. Go to line 3.<br>es. Did your spouse, former spo   | use, or legal equivalent live  | e with you at the time?                              |  |
| in liı<br>Forr                      | ne 2 again as a codebtor only   | if that person is a guaran   | tor or cosigner. Make s                              | if your spouse is filing with you. List the person show<br>sure you have listed the creditor on Schedule D (Officia<br>6G). Use Schedule D, Schedule E/F, or Schedule G to |
|                                     | Column 1: Your codebtor<br>Name, Number, Street, City, State and 2                                  | :IP Code   |  | Column 2: The creditor to whom you owe the debt Check all schedules that apply:  |
| 3.1                                 | Catherine A. Padrazo<br>21 Oceanview Blvd.<br>Manorville, NY 11949                                  |  |  | ■ Schedule D, line<br>□ Schedule E/F, line<br>□ Schedule G<br>Mr. Cooper   |
| 3.2                                 | Catherine A. Padrazo<br>21 Oceanview Blvd.<br>Manorville, NY 11949                                  |  |  | ☐ Schedule D, line  Schedule E/F, line2.2 ☐ Schedule G Internal Revenue Service  |

Official Form 106H Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

| Fill       | in this information to identify your  | case:  |   |               |                          |   |                            |                             |                   |
|------------|---|--|---|---------------|--------------------------|---|----------------------------|-----------------------------|-------------------|
|            | btor 1 Michael Pa   |  |   |               |                          |   |                            |                             |                   |
| 1          | btor 2<br>buse, if filing)  |  |   |               | _                        |   |                            |                             |                   |
| Uni        | ted States Bankruptcy Court for th  | e: EASTERN DISTRICT  | OF NEW YORK   |               |                          |   |                            |                             |                   |
|            | se number<br>nown)  |  | -   |               |                          | eck if this is<br>An amende<br>A suppleme | ed filing<br>ent showing   |                             |                   |
| $\bigcirc$ | fficial Form 106l   |  |   |               |                          | 13 income                                 | as of the fol              | llowing date:               |                   |
|            | chedule I: Your Inc   | omo  |   |               |                          | MM / DD/ Y                                | YYYY                       |                             | 12/15             |
| sup<br>spo | as complete and accurate as posphyling correct information. If you are separated and you have a separate sheet to this form  The complete and accurate as posphyling to the posphyling are separate. The complete are complete as posphyling as posphyling are complete as posphyling are complete as posphyling are complete. The complete are complete as posphyling are complete | u are married and not fili<br>our spouse is not filing w<br>. On the top of any additi | ing jointly, and your sprith you, do not include    | ouse<br>infor | is living w<br>mation ab | ith you, inc<br>out your sp               | lude inforn<br>ouse. If mo | nation abou<br>ore space is | t your<br>needed, |
| 1.         | Fill in your employment   | •  |   |               |                          |   |                            |                             |                   |
|            | information.  |  | Debtor 1  |               |                          |   |                            | ng spouse                   |                   |
|            | If you have more than one job,<br>attach a separate page with<br>information about additional   | Employment status  | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |               |                          | ☐ Empl                                    | -                          |                             |                   |
|            | employers.  | Occupation   | HVAC Service Tech                                   |               |                          |   |                            |                             |                   |
|            | Include part-time, seasonal, or self-employed work.   | Employer's name  | Red Cap Plumbin                                     | g & A         | \ir                      |   |                            |                             |                   |
|            | Occupation may include student or homemaker, if it applies.   | Employer's address   | PO Box 8627<br>Tampa, FL 33674                      |               |                          |   |                            |                             |                   |
|            |   | How long employed t  | here? 3 mo.   |               |                          |   |                            |                             |                   |
| Par        | t 2: Give Details About Mo  | onthly Income  |   |               |                          |   |                            |                             |                   |
|            | mate monthly income as of the use unless you are separated.   | date you file this form. If  | you have nothing to rep                             | ort for       | any line, v              | vrite \$0 in the                          | e space. Inc               | lude your no                | on-filing         |
|            | ou or your non-filing spouse have r<br>e space, attach a separate sheet t   |  | ombine the information                              | for all       | employers                | for that pers                             | on on the lir              | nes below. If               | you need          |
|            |   |  |   |               | For D                    | Debtor 1                                  | For Deb                    | tor 2 or<br>g spouse        |                   |
| 2.         | List monthly gross wages, sal deductions). If not paid monthly  |  |   | 2.            | \$                       | 8,028.00                                  | \$                         | N/A                         |                   |
| 3.         | Estimate and list monthly ove   | rtime pay.   |   | 3.            | +\$                      | 0.00                                      | +\$                        | N/A                         |                   |
| 4.         | Calculate gross Income. Add   | line 2 + line 3.   |   | 4.            | \$8                      | ,028.00                                   | \$                         | N/A                         |                   |

Official Form 106l Schedule I: Your Income page 1

| Deb | tor 1                         | Michael Padrazo   |                |            | Case r         | number ( <i>if kr</i>                   | own) |                |                |                   |                  |
|-----|-------------------------------|---|----------------|------------|----------------|---|------|----------------|----------------|-------------------|------------------|
|     |                               |   |                |            | For            | Debtor 1                                |      |                | Debtor         |                   |                  |
|     | Cop                           | y line 4 here   | 4.             |            | \$             | 8,028                                   | 3.00 | \$             |                | N/A               | <u> </u>         |
| 5.  | List                          | all payroll deductions:   |                |            |                |   |      |                |                |                   |                  |
|     | 5a.                           | Tax, Medicare, and Social Security deductions   | 5a             | a.         | \$             | 1,349                                   | 00   | \$             |                | N/A               |                  |
|     | 5b.                           | Mandatory contributions for retirement plans  | 5b             |            | <u> </u>       |   | 0.00 | \$_            |                | N/A               | _                |
|     | 5c.                           | Voluntary contributions for retirement plans  | 50             | <b>)</b> . | \$             |   | .00  | \$             |                | N/A               | _                |
|     | 5d.                           | Required repayments of retirement fund loans  | 50             | d.         | \$             | (                                       | 0.00 | \$_            |                | N/A               |                  |
|     | 5e.                           | Insurance   | 5€             | €.         | \$             | C                                       | .00  | \$             |                | N/A               | _                |
|     | 5f.                           | Domestic support obligations  | 5f             |            | \$             | (                                       | .00  | \$             |                | N/A               | <u> </u>         |
|     | 5g.                           | Union dues  | 50             |            | \$             |   | .00  | \$             |                | N/A               | _                |
|     | 5h.                           | Other deductions. Specify: uniform  | 5h             | 1.+        | \$             | 10                                      | 0.00 | + \$           |                | N/A               | <u>.</u>         |
| 6.  | Add                           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.             |            | \$             | 1,359                                   | .00  | \$             |                | N/A               | <u>.</u>         |
| 7.  | Cal                           | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.             |            | \$             | 6,669                                   | .00  | \$             |                | N/A               | <u>_</u>         |
| 8.  | List<br>8a.                   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88             | a          | \$             | ſ                                       | 0.00 | \$             |                | N/A               |                  |
|     | 8b.                           | Interest and dividends  | 8t             |            | <b>\$</b> —    |   | 0.00 | \$<br>         |                | N/A               | _                |
|     | 8c.<br>8d.                    | Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security                                     | 80<br>80<br>86 | d.         | \$<br>\$<br>\$ | (                                       | 0.00 | \$<br>\$<br>\$ |                | N/A<br>N/A<br>N/A | <u> </u>         |
|     | 8e.<br>8f.                    | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:            |                |            | \$<br>\$       |   | 0.00 | • • <u> </u>   |                | N/A               | =                |
|     | 8g.                           | Pension or retirement income  | 8g             | <b>J</b> . | \$             | (                                       | 0.00 | \$             |                | N/A               | _                |
|     | 8h.                           | Other monthly income. Specify:  | 8h             | 1.+        | \$             | (                                       | 0.00 | + \$           |                | N/A               |                  |
| 9.  | Add                           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.             |            | \$             | (                                       | 0.00 | \$_            |                | N/A               | A                |
| 10  | Cal                           | culate monthly income. Add line 7 + line 9.   | 10.            | \$         | 6              | 6,669.00                                | + \$ |                | N/A            | = \$              | 6.669.00         |
|     |                               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |                | Ť –        |                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |      |                | 1471           | * -               | 0,000.00         |
| 11. | Stat<br>Incli<br>othe<br>Do i | te all other regular contributions to the expenses that you list in <i>Schedu</i> use contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are notify:        | ur dep         |            | •              | •                                       |      | ·              | Schedul<br>11. | _                 | 0.00             |
| 12. |                               | I the amount in the last column of line 10 to the amount in line 11. The re that amount on the Summary of Schedules and Statistical Summary of Cerlies  |                |            |                |   |      |                | e.<br>12.      | \$                | 6,669.00         |
| 13. | `                             | you expect an increase or decrease within the year after you file this for  | m?             |            |                |   |      |                |                | Combi<br>month    | ned<br>ly income |
|     |                               | No. Yes Explain: Debtor currently working extra hours evertime  |                |            |                |   |      |                |                |                   |                  |

Official Form 106l Schedule I: Your Income page 2

| Fill       | in this informa               | ation to identify yo                   | our case:              |  |                       | Ī           |         |                    |  |
|------------|-------------------------------|--|------------------------|--|-----------------------|-------------|---------|--------------------|--|
|            | tor 1                         |  |                        |  |                       | Ch          | ook if  | this is:           |  |
| Den        | itor i                        | Michael Padi                           | razo                   |  |                       |             |         | amended filing     |  |
| 1          | tor 2                         |  |                        |  |                       |             |         |                    | ving postpetition chapter                              |
| (Spo       | ouse, if filing)              |  |                        |  |                       |             | 13 6    | expenses as or     | the following date:                                    |
| Unit       | ed States Bankr               | uptcy Court for the:                   | EASTE                  | RN DISTRICT OF NEW                           | YORK                  |             | MM      | / DD / YYYY        |  |
| Cas        | e number                      |  |                        |  |                       |             |         |                    |  |
| (If k      | nown)                         |  |                        |  |                       |             |         |                    |  |
| Of         | fficial Fo                    | orm 106J                               |                        |  |                       | 1           |         |                    |  |
| S          | chedule                       | J: Your I                              | Exper                  | ises   |                       |             |         |                    | 12/1   |
| Be<br>info | as complete ormation. If m    | and accurate as                        | possible<br>eded, atta | . If two married people a                    |                       |             |         |                    | or supplying correct                                   |
| Par<br>1.  | t 1: Descr<br>Is this a joir  | ibe Your House                         | hold                   |  |                       |             |         |                    |  |
| ١.         | No. Go to                     |  |                        |  |                       |             |         |                    |  |
|            |                               |  | in a separ             | ate household?                               |                       |             |         |                    |  |
|            | □N                            | 0                                      |                        |  |                       |             |         |                    |  |
|            | ΠY                            | es. Debtor 2 mus                       | st file Offic          | ial Form 106J-2, <i>Expense</i>              | es for Separate Hous  | sehold of D | ebtor 2 | 2.                 |  |
| 2.         | Do you have                   | e dependents?                          | □ No                   |  |                       |             |         |                    |  |
|            | Do not list D<br>and Debtor 2 |  | Yes.                   | Fill out this information for each dependent | Dependent's relation  |             |         | Dependent's<br>age | Does dependent live with you?                          |
|            | Do not state                  | the                                    |                        |  |                       |             |         |                    | □ No   |
|            | dependents                    | names.                                 |                        |  | Daughter              |             |         | 14                 | ■ Yes  |
|            |                               |  |                        |  | Daughter              |             |         | 17                 | □ No<br>■ Yes  |
|            |                               |  |                        |  |                       |             |         |                    | □ No   |
|            |                               |  |                        |  |                       |             |         |                    | Yes  |
|            |                               |  |                        |  |                       |             |         |                    | □ No<br>□ Yes  |
| 3.         |                               | enses include                          | _                      | No   |                       |             |         |                    | <b>1</b> 163   |
|            |                               | f people other tl<br>d your depende:   |                        | Yes  |                       |             |         |                    |  |
| Dar        |                               |  |                        | h. F   |                       |             |         |                    |  |
| Est        | imate your ex                 |  | our bankr              | uptcy filing date unless                     |                       |             |         |                    | apter 13 case to report<br>of the form and fill in the |
| Inc        | lude expense                  | s paid for with r                      | non-cash               | government assistance                        | if you know           |             |         |                    |  |
| the        |                               | h assistance and                       |                        | cluded it on Schedule I:                     |                       |             |         | Your expe          | enses  |
| (0)        | ilciai FOIIII IC              | ,oi.,j                                 |                        |  |                       |             | _       | . Can Capa         |  |
| 4.         |                               | or home owners<br>and any rent for the |                        | ses for your residence.<br>or lot.           | Include first mortgag | ge<br>4.    | \$      |                    | 1,270.00   |
|            | If not includ                 | led in line 4:                         |                        |  |                       |             |         |                    |  |
|            | 4a. Real e                    | estate taxes                           |                        |  |                       | 4a.         | \$      |                    | 0.00   |
|            | 4b. Prope                     | rty, homeowner's                       |                        |  |                       | 4b.         | \$      |                    | 17.00  |
|            |                               | maintenance, re<br>owner's associat    |                        | upkeep expenses                              |                       | 4c.<br>4d.  | _       |                    | 0.00<br>0.00   |
| 5.         |                               |  |                        | our residence, such as h                     | ome equity loans      | 4u.<br>5.   |         |                    | 0.00   |

| Debto  | Michael Padrazo  | Case num                  | ber (if known) |                          |
|--------|--|---------------------------|----------------|--------------------------|
|        | latitata a .   |                           | _              |                          |
| -      | Itilities:<br>a. Electricity, heat, natural gas  | 6a.                       | ¢              | 150.00                   |
|        | b. Water, sewer, garbage collection  | 6b.                       | ·              | 25.00                    |
|        |  | 6c.                       | •              |                          |
|        | c. Telephone, cell phone, Internet, satellite, and cable services d. Other, Specify:   |                           |                | 250.00                   |
| -      |  | 6d.                       |                | 0.00                     |
|        | ood and housekeeping supplies  | 7.                        | ·              | 1,050.00                 |
| _      | childcare and children's education costs   | 8.                        | ·              | 0.00                     |
|        | Clothing, laundry, and dry cleaning  | 9.                        | ·              | 100.00                   |
|        | ersonal care products and services   | 10.                       | · -            | 50.00                    |
|        | ledical and dental expenses  | 11.                       | \$             | 1,000.00                 |
|        | ransportation. Include gas, maintenance, bus or train fare.  | 12.                       | ¢              | 250.00                   |
|        | o not include car payments.  |                           |                |                          |
|        | Intertainment, clubs, recreation, newspapers, magazines, and books   | 13.                       |                | 150.00                   |
|        | charitable contributions and religious donations   | 14.                       | \$             | 0.00                     |
| -      | nsurance.  |                           |                |                          |
|        | to not include insurance deducted from your pay or included in lines 4 or 20.  | 150                       | ¢              | 25.00                    |
|        | 5a. Life insurance   | 15a.<br>15b.              | •              | 35.00                    |
|        | 5b. Health insurance   |                           |                | 0.00                     |
|        | 5c. Vehicle insurance  | 15c.                      | · .            | 217.00                   |
|        | 5d. Other insurance. Specify:  | 15d.                      | \$             | 0.00                     |
| _      | axes. Do not include taxes deducted from your pay or included in lines 4 or 20.  |                           | •              |                          |
|        | pecify:  | 16.                       | \$             | 0.00                     |
|        | nstallment or lease payments:  | 47-                       | Φ.             | 4==                      |
|        | 7a. Car payments for Vehicle 1   | 17a.                      | ·              | 475.00                   |
|        | 7b. Car payments for Vehicle 2   | 17b.                      | ·              | 0.00                     |
|        | 7c. Other. Specify:  | 17c.                      | ·              | 0.00                     |
|        | 7d. Other. Specify:  | 17d.                      | \$             | 0.00                     |
|        | our payments of alimony, maintenance, and support that you did not report as   |                           | ¢              | 1,600.00                 |
|        | educted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 10.                       |                | •                        |
|        | Other payments you make to support others who do not live with you.  | 40                        | \$             | 0.00                     |
|        | pecify:  | 19.                       |                |                          |
|        | Other real property expenses not included in lines 4 or 5 of this form or on School Most reason on other property  | <b>eauie i: Y</b><br>20a. |                | 0.00                     |
|        | 0a. Mortgages on other property  | 20a.<br>20b.              |                | 0.00                     |
|        | 0b. Real estate taxes  |                           | ·              | 0.00                     |
|        | Oc. Property, homeowner's, or renter's insurance   | 20c.                      | · —            | 0.00                     |
|        | 0d. Maintenance, repair, and upkeep expenses   | 20d.                      | · ———          | 0.00                     |
|        | 0e. Homeowner's association or condominium dues  | 20e.                      | ·              | 0.00                     |
| 1. C   | Other: Specify:  | 21.                       | +\$            | 0.00                     |
| 2 0    | alculate your monthly expenses   |                           |                |                          |
|        | 2a. Add lines 4 through 21.  |                           | \$             | 6,639.00                 |
|        | 2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |                           | \$             | 0,033.00                 |
|        |  |                           | φ              |                          |
| 2      | 2c. Add line 22a and 22b. The result is your monthly expenses.   |                           | \$             | 6,639.00                 |
| 3. C   | alculate your monthly net income.  |                           |                |                          |
|        | 3a. Copy line 12 (your combined monthly income) from Schedule I.   | 23a.                      | \$             | 6,669.00                 |
|        | 3b. Copy your monthly expenses from line 22c above.  | 23b.                      |                | 6,639.00                 |
| _      | ob. Copy your morning expenses from into 220 above.  | 200.                      | Ψ              | 0,033.00                 |
| 2      | 3c. Subtract your monthly expenses from your monthly income.   |                           |                |                          |
|        | The result is your <i>monthly net income</i> .   | 23c.                      | \$             | 30.00                    |
|        | ······································   |                           | ļ              |                          |
| F<br>m | To you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your rediffication to the terms of your mortgage? |                           |                | or decrease because of a |
|        | No.  |                           |                |                          |
| г      | 7 Voc. Explain horo:   |                           |                |                          |

|                                   |  |                           |              |                        |              | 1  |
|-----------------------------------|--|---------------------------|--------------|------------------------|--------------|--|
| Fill in this info                 | rmation to identify your                           | case:                     |              |                        |              |  |
| Debtor 1                          | Michael Padrazo                                    |                           |              |                        |              |  |
|                                   | First Name   | Middle Name               | Las          | t Name                 |              |  |
| Debtor 2                          |  |                           |              |                        |              |  |
| (Spouse if, filing)               | First Name   | Middle Name               | Las          | t Name                 |              |  |
| United States B                   | sankruptcy Court for the:                          | EASTERN DISTRICT O        | F NEW YO     | RK                     |              |  |
| Case number (if known)            |  |                           |              |                        |              | ☐ Check if this is an amended filing   |
| Official For<br><b>Declara</b>    |  | n Individual              | Debto        | or's Schedu            | ules         | 12/15  |
|                                   |  |                           |              |                        |              |  |
| If two married p                  | people are filing togethe                          | r, both are equally respo | nsible for s | supplying correct info | rmation.     |  |
| obtaining mone<br>years, or both. |  | n connection with a bank  |              |                        |              | atement, concealing property, or 000, or imprisonment for up to 20           |
| Did you pa                        | ay or agree to pay some                            | one who is NOT an attor   | ney to help  | you fill out bankrupt  | cy forms?    |  |
| ■ No                              |  |                           |              |                        |              |  |
| ☐ Yes.                            | Name of person                                     |                           |              |                        |              | nkruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
|                                   | alty of perjury, I declare<br>re true and correct. | that I have read the sum  | ımary and s  | chedules filed with th | nis declarat | tion and   |
| X /s/ Mid                         | chael Padrazo                                      |                           | Х            |                        |              |  |
| Micha                             | nel Padrazo<br>ure of Debtor 1                     |                           |              | Signature of Debtor 2  |              |  |
| Date                              | June 27, 2019                                      |                           |              | Date                   |              |  |
|                                   |  |                           |              |                        |              |  |

Official Form 106Dec

|                 | this information to identify you  |   |   |  |   |
|-----------------|---|---|---|--|---|
| Debtor          | Michael Padrazo   | Middle Name   | Last Name   |  |   |
| Debtor          |   | ACT III AT  | N   |  |   |
| (Spouse         |   | Middle Name   | Last Name   |  |   |
| United          | States Bankruptcy Court for the:  | EASTERN DISTRICT OF   | NEW YORK  |  |   |
| Case r          | number<br>  |   |   | _  | Check if this is an amended filing                    |
| State           | cial Form 107 ement of Financial a  | ible. If two married people a                                   | are filing together, both are                         | e equally responsible for su               |   |
| numbe<br>Part 1 |   | stion.<br>arital Status and Where You                           | ·   | ny additional pages, write yo              | our name and case                                     |
| 1. W            | hat is your current marital statu   | 18 (  |   |  |   |
|                 | Married   |   |   |  |   |
| Ц               | Not married   |   |   |  |   |
| 2. Du           | uring the last 3 years, have you  | lived anywhere other than                                       | where you live now?                                   |  |   |
|                 | No  |   |   |  |   |
|                 | Yes. List all of the places you   | lived in the last 3 years. Do no                                | ot include where you live no                          | w.   |   |
| D               | ebtor 1 Prior Address:  | Dates Debtor 1 lived there                                      | Debtor 2 Prior Ad                                     | ddress:                                    | Dates Debtor 2 lived there                            |
|                 | 24 Vanderbilt Loop<br>aphank, NY 11980  | From-To:<br><b>1/14/18 - 12/14</b>                              | ☐ Same as Debtor                                      | 1  | ☐ Same as Debtor 1 From-To:                           |
|                 | ithin the last 8 years, did you e and territories include Arizona, Ca  No  Yes. Make sure you fill out Sc  Explain the Sources of You | alifornia, Idaho, Louisiana, Ne<br>hedule H: Your Codebtors (Of | vada, New Mexico, Puerto F                            |  |   |
| Fil             | d you have any income from er<br>I in the total amount of income you<br>you are filing a joint case and you                           | ou received from all jobs and a                                 | all businesses, including par                         | t-time activities.                         | endar years?  |
| ■               | No<br>Yes. Fill in the details.   |   |   |  |   |
|                 |   | Debtor 1  |   | Debtor 2                                   |   |
|                 |   | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|                 | January 1 of current year until te you filed for bankruptcy:  | ■ Wages, commissions, bonuses, tips                             | \$10,327.75   | ☐ Wages, commissions, bonuses, tips        |   |
|                 |   | ☐ Operating a business  |   | ☐ Operating a business                     |   |

Official Form 107

| De   | Debtor 1 Michael Padrazo   |          |  |   |   | Case number (if known)   |   |  |   |  |  |
|--|--|----------|--|---|---|--|---|--|---|--|--|
|  |  |          |  |   |   |  |   |  |   |  |  |
|  | Debto  |          |  |   | Debtor 1  | Debtor 1   |   |  | Debtor 2  |  |  |
|  |  |          |  |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)  | Sources of inc  |  | Gross income<br>(before deductions<br>and exclusions) |  |  |
| For last calendar year:<br>(January 1 to December 31, 2018)            |  |          |  | 31, 2018 )  | ■ Wages, commissions, bonuses, tips   | \$93,000.00  | ☐ Wages, combonuses, tips   | nmissions,   |   |  |  |
|  |  |          |  |   | ☐ Operating a business  |  | ☐ Operating a   | business   |   |  |  |
| For the calendar year before that:<br>(January 1 to December 31, 2017) |  |          |  |   | ■ Wages, commissions, bonuses, tips   | \$83,000.00  | ☐ Wages, commissions, bonuses, tips   |  |   |  |  |
|  |  |          |  |   | ☐ Operating a business  |  | ☐ Operating a   | business   |   |  |  |
|  | gambling and lottery winnings. If you are filing a  List each source and the gross income from each  No  Yes. Fill in the details. |          |  |   | <i>.</i>  | •  | •   | ,  | under Debtor 1.                                       |  |  |
|  |  |          |  |   | Debtor 1  |  | Debtor 2  |  |   |  |  |
|  |  |          |  |   | Sources of income Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions)  | Sources of inc<br>Describe below  |  | Gross income<br>(before deductions<br>and exclusions) |  |  |
| Pa   | rt 3:  | List     | Certain Pa                               | yments You  | Made Before You Filed for I   | Bankruptcy   |   |  |   |  |  |
| 6.   | Are □  | No.      | Neither De individual puring the No. Yes | go to line 7 List below 6 go to line 7 List below 6 paid that cr not include to adjustmen or Debtor 2 o go days befor Go to line 7 List below 6 include pay | each creditor to whom you pai<br>editor. Do not include paymen<br>payments to an attorney for the<br>ton 4/01/22 and every 3 years<br>or both have primarily consulate<br>you filed for bankruptcy, dis | d you pay any creditor a to<br>d a total of \$6,825* or more<br>its for domestic support ob<br>his bankruptcy case.<br>Is after that for cases filed of<br>timer debts.<br>d you pay any creditor a to<br>d a total of \$600 or more a | tal of \$6,825* or more paligations, such as con or after the date tal of \$600 or more | ore?  yments and the hild support and adjustmente?  you paid tha | he total amount you and alimony. Also, do t.          |  |  |
|  | Cre  | editor's | Name and                                 | l Address   | Dates of payme  | nt Total amount  | Amount you  | Was this n   | payment for   |  |  |
|  | 5.0  | 3        | . Idillo dill                            |   | Dates of paymen   | paid   | still owe   | παο ππο μ  |   |  |  |

| Del | btor 1 Michael Padrazo   | Case number (if known)  |  |                      |                           |                                       |  |  |
|-----|--|---|--|----------------------|---------------------------|---------------------------------------|--|--|
|     |  |   |  |                      |                           |                                       |  |  |
| 7.  | 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |   |  |                      |                           |                                       |  |  |
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>   |   |  |                      |                           |                                       |  |  |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                            | Amount you still owe | Reason for                | this payment                          |  |  |
| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  |   |  |                      |                           |                                       |  |  |
|     | ■ No   |   |  |                      |                           |                                       |  |  |
|     | ☐ Yes. List all payments to an insider   |   |  |                      |                           |                                       |  |  |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                            | Amount you still owe |                           | r <b>this payment</b><br>ditor's name |  |  |
| Par | rt 4: Identify Legal Actions, Repossession   | ns, and Foreclosures  |  |                      |                           |                                       |  |  |
| 10. | modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number  | Nature of the case  Court or agency  tcy, was any of your property repossessed, foreclosed, |  |                      | Status of the case        |                                       |  |  |
|     | ■ No. Go to line 11.  □ Yes. Fill in the information below.  |   |  |                      |                           |                                       |  |  |
|     | Creditor Name and Address  | Describe the Property   | Describe the Property                        |                      |                           | Value of the property                 |  |  |
|     |  | Explain what happene  | d  |                      |                           | p. opo. ty                            |  |  |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.   |   |  |                      |                           |                                       |  |  |
|     | Creditor Name and Address  | Describe the action the   | escribe the action the creditor took Dat tak |                      | ate action was Amount ken |                                       |  |  |
| 12. | <ul> <li>Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?</li> <li>No</li> <li>Yes</li> </ul>  |   |  |                      |                           |                                       |  |  |
| Par | rt 5: List Certain Gifts and Contributions   |   |  |                      |                           |                                       |  |  |
| Fal | List Certain Girts and Contributions   |   |  |                      |                           |                                       |  |  |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No   |   |  |                      |                           |                                       |  |  |
|     | Yes. Fill in the details for each gift.  |   |  |                      |                           |                                       |  |  |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts  | Describe the gifts                           |                      | s you gave<br>gifts       | Value                                 |  |  |
|     | Person to Whom You Gave the Gift and Address:  |   |  |                      |                           |                                       |  |  |

Official Form 107

| 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?    No   | Det | otor i Michael Padrazo  |   |         | Jase number     | (If Known)        |       |  |  |  |
|---|-----|---|---|---------|-----------------|-------------------|-------|--|--|--|
| Giffs or contributions to charities that total more than \$500 Charity's Name Address (Pumber, Street, City, State and ZIP Code)  Part 6: List Certain Losses  15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred how the loss | 14. | ■ No  |   |         |                 |                   |       |  |  |  |
| 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?    No   |     | Gifts or contributions to charities that more than \$600 Charity's Name   | total   |         |                 |                   | Value |  |  |  |
| No  | Par | t 6: List Certain Losses  |   |         |                 |                   |       |  |  |  |
| Yes. Fill in the details.   Describe the property you lost and how the loss occurred   Describe any insurance coverage for the loss   | 15. |   |   |         |                 |                   |       |  |  |  |
| Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B</i> : <i>Property</i> .    Part 7:   List Certain Payments or Transfers   |     |   |   |         |                 |                   |       |  |  |  |
| 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No Yes, Fill in the details.  Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Macco Law Group, LLP 2950 Express Drive South Suite 109 Islandia, NY 11749  17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  No Yes, Fill in the details.  Person Who Was Paid Address  Description and value of any property Transferred or transfer was made  Description and value of any property or payment or transfer was made  18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No Yes, Fill in the details.  Person Who Received Transfer  Description and value of payments received or debts paid in exchange   |     | , ,   | the amount that insurance has paid. It is insurance claims on line 33 of Scheol |         |                 |                   |       |  |  |  |
| 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No Yes, Fill in the details.  Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Macco Law Group, LLP 2950 Express Drive South Suite 109 Islandia, NY 11749  17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  No Yes, Fill in the details.  Person Who Was Paid Address  Description and value of any property Transferred or transfer was made  Description and value of any property or payment or transfer was made  18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No Yes, Fill in the details.  Person Who Received Transfer  Description and value of payments received or debts paid in exchange   | Par | t 7: List Certain Payments or Transfer  | rs  |         |                 |                   |       |  |  |  |
| Address Email or website address Person Who Made the Payment, if Not You  Macco Law Group, LLP 2950 Express Drive South Suite 109 Islandia, NY 11749  17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  No Yes. Fill in the details.  Person Who Was Paid Address  Description and value of any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No Yes. Fill in the details.  Person Who Received Transfer Description and value of payment or transfer any property or payments received or debts paid in exchange Describe any property or payments received or debts paid in exchange  | 16. | consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.   No   |   |         |                 |                   |       |  |  |  |
| 2950 Express Drive South Suite 109 Islandia, NY 11749  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  No Yes. Fill in the details.  Person Who Was Paid Address  Description and value of any property transfer was made  18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No Yes. Fill in the details.  Person Who Received Transfer Address  Description and value of property transferred bescribe any property or payments received or debts paid in exchange   |     | Address<br>Email or website address   |   |         | or transfer was |                   |       |  |  |  |
| promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  No Yes. Fill in the details.  Person Who Was Paid Address  Description and value of any property or transfer was made  No Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No Yes. Fill in the details.  Person Who Received Transfer Address  Description and value of payments received or debts paid in exchange   |     | 2950 Express Drive South<br>Suite 109   | with this instant filing \$1,950.0 fee \$335.00. See 2016(b) State              | 6/24/19 | \$1,500.00      |                   |       |  |  |  |
| Person Who Was Paid Address  Description and value of any property transfer was made  No Yes. Fill in the details.  Person Who Was Paid Address  Description and value of any property or payment or transfer was made  Description and value of any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No Yes. Fill in the details.  Person Who Received Transfer Address  Description and value of payments received or debts paid in exchange  Date transfer was made  | 17. | promised to help you deal with your creditors or to make payments to your creditors?  |   |         |                 |                   |       |  |  |  |
| Address transferred or transfer was made  18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No Yes. Fill in the details.  Person Who Received Transfer Address  Description and value of property transferred  Describe any property or payments received or debts paid in exchange  |     | _   |   |         |                 |                   |       |  |  |  |
| transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No Yes. Fill in the details.  Person Who Received Transfer Address  Description and value of property transferred  Describe any property or payments received or debts paid in exchange  Date transfer was made  |     |   |   |         | erty            | or transfer was   |       |  |  |  |
| Address property transferred payments received or debts made paid in exchange   | 18. | transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No |   |         |                 |                   |       |  |  |  |
|   |     | Person Who Received Transfer Address  |   |         | payments        | received or debts |       |  |  |  |

Case number (if known)

| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.   |   | y property to a self-settl    | led trust or similar device                          | e of which you are a                          |
|-----|--|---|-------------------------------|--|---|
|     | Name of trust  | Description and va  | alue of the property tran     | nsferred   | Date Transfer was made                        |
| Par | t 8: List of Certain Financial Accounts, Ins   | struments Safe Denosit  | Boyes and Storage Un          | nite   | maue  |
| ıaı | <u> </u>   | •   | ,                             |  |   |
| 20. | Within 1 year before you filed for bankruptc sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, association of the same of the sa | or other financial accour   | nts; certificates of depo     | •  |   |
|     | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   | Last 4 digits of account number   | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |
| 21. | 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securitie cash, or other valuables?   |   |                               |  | sitory for securities,                        |
|     | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>   |   |                               |  |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had according Address (Number, State and ZIP Code)               |                               | e the contents                                       | Do you still have it?                         |
| 22. | Have you stored property in a storage unit of  | or place other than your  | home within 1 year bef        | ore you filed for bankrup                            | tcy?  |
|     | □ No   |   |                               |  |   |
|     | Yes. Fill in the details.  |   |                               |  |   |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                               | e the contents                                       | Do you still have it?                         |
|     | Storage R Us<br>10 Frowein Road<br>Center Moriches, NY 11934   |   | Househ                        | nold items   | □ No<br>■ Yes                                 |
| Par | t 9: Identify Property You Hold or Control   | for Someone Else  |                               |  |   |
| 23. | Do you hold or control any property that so for someone.   | meone else owns? Inclu  | ıde any property you bo       | prrowed from, are storing                            | for, or hold in trust                         |
|     | ■ No   |   |                               |  |   |
|     | Yes. Fill in the details.  |   |                               |  |   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, St<br>Code)                   |                               | e the property                                       | Value   |
|     |  |   |                               |  |   |

Debtor 1 Michael Padrazo

Michael Padrazo Debtor 1 Case number (if known) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Nο ☐ Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

A member of a limited liability company (LLC) or limited liability partnership (LLP)

A partner in a partnership

An officer, director, or managing executive of a corporation

An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name

Describe the nature of the business

Employer Identification number

Name of accountant or bookkeeper

Official Form 107

Address

(Number, Street, City, State and ZIP Code)

Do not include Social Security number or ITIN.

Dates husiness existed

Case 8-19-74734-reg Doc 1 Filed 07/01/19 Entered 07/01/19 14:06:09

| Debto                    | Michael Padrazo  |  | Case number (if known)                            |
|--------------------------|--|--|---|
|                          | ithin 2 years before you filed for bankrup<br>stitutions, creditors, or other parties. | otcy, did you give a financial statement to    | anyone about your business? Include all financial |
|                          | No<br>Yes. Fill in the details below.  |  |   |
| Α                        | ame<br>ddress<br>lumber, Street, City, State and ZIP Code)                             | Date Issued                                    |   |
| Part 1                   | 2: Sign Below  |  |   |
| 18 U.S.<br>/s/ Mi        | C. §§ 152, 1341, 1519, and 3571.  chael Padrazo  ael Padrazo                           | Signature of Debtor 2                          |   |
| Signa                    | ture of Debtor 1   |  |   |
| Date                     | June 27, 2019  | Date   |   |
| Did you<br>■ No<br>□ Yes | attach additional pages to Your Statem   | nent of Financial Affairs for Individuals Fil  | ling for Bankruptcy (Official Form 107)?          |
| Did you<br>■ No          | u pay or agree to pay someone who is no  | ot an attorney to help you fill out bankrup    | tcy forms?  |
| ☐ Yes                    | . Name of Person Attach the Banki  | ruptcy Petition Preparer's Notice, Declaration | n, and Signature (Official Form 119).             |

| Fill in this information               | on to identify your                     | case:                 |  |  |
|--|---|-----------------------|--|--|
|  | Michael Padrazo                         | Middle Nove           | Loot Name  |  |
| Debtor 2                               | irst Name                               | Middle Name           | Last Name  |  |
|  | irst Name                               | Middle Name           | Last Name  |  |
| United States Bankru                   | ptcy Court for the:                     | EASTERN DISTRI        | ICT OF NEW YORK  |  |
| Case number                            |   |                       |  |  |
| (if known)                             |   |                       |  | ☐ Check if this is an amended filing   |
|  |   |                       |  |  |
| ~                                      |   |                       |  |  |
| Official Form                          | 108                                     |                       |  |  |
| Statement of                           | of Intentio                             | n for Indiv           | iduals Filing Under Chap   | ter 7 12/15                            |
|  |   |                       |  |  |
| If you are an individu                 |   | -                     | l out this form if:  |  |
| creditors have cla                     |   |                       |  |  |
| you have leased p                      |   |                       | ot expired.<br>you file your bankruptcy petition or by the date                                      | set for the meeting of creditors       |
| whichever i                            | is earlier, unless th                   |                       | e time for cause. You must also send copies to   |  |
| on the form                            | 1                                       |                       |  |  |
|  | e are filing together<br>ate the form.  | r in a joint case, bo | th are equally responsible for supplying correc  | t information. Both debtors must       |
|  | accurate as possib<br>name and case nun |                       | needed, attach a separate sheet to this form.  | On the top of any additional pages,    |
| write your i                           | iaine and case nun                      | inder (ii known).     |  |  |
| Part 1: List Your 0                    | Creditors Who Have                      | e Secured Claims      |  |  |
| For any creditors to information below |   | art 1 of Schedule D:  | : Creditors Who Have Claims Secured by Prop  | erty (Official Form 106D), fill in the |
|  | r and the property the                  | hat is collateral     | What do you intend to do with the property the   |  |
|  |   |                       | secures a debt?  | as exempt on Schedule C?               |
|  |   |                       |  |  |
| Creditor's Mr. C                       | ooper                                   |                       | ☐ Surrender the property.  | ■ No                                   |
| name:                                  |   |                       | Retain the property and redeem it.   |  |
| Description of 21                      | Oceanview Blvd                          | d. Manorville,        | Retain the property and enter into a Reaffirmation Agreement.  | ☐ Yes                                  |
| property N'                            | Y 11949 Suffolk                         | County                | Retain the property and [explain]:   |  |
| securing debt:                         |   |                       | Retain   |  |
| Part 2: List Your U                    | Inevnired Personal                      | I Property I eases    |  |  |
| For any unexpired pe                   | ersonal property lea                    | ase that you listed i | in Schedule G: Executory Contracts and Unexp   |  |
|  |   |                       | expired leases are leases that are still in effect<br>he trustee does not assume it. 11 U.S.C. § 365 |  |
| Describe your unexp                    | oired personal prop                     | perty leases          |  | Will the lease be assumed?             |
| ,                                      |   | ,                     |  |  |
| Lessor's name:                         | Greystar                                |                       |  | □ No                                   |
|  |   |                       |  | ■ Yes                                  |
|  |   |                       |  | <del>-</del> 100                       |
| Description of leased                  | apartment leas                          | se 2/2/19 - 3/28/20   | )  |  |
| Property:                              |   |                       |  |  |
| Lessor's name:                         | Storage R Us                            |                       |  | □ No                                   |
|  | -                                       |                       |  |  |
|  |   |                       |  |  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

#### Case 8-19-74734-reg Doc 1 Filed 07/01/19 Entered 07/01/19 14:06:09

| Debt | or 1 N  | Michael Padrazo  | Case number (if known)   |
|------|---------|--|--|
|      |         |  | ■ Yes  |
| Desc | •       | of leased \$185/mo. storage fee  |  |
| Part | 3: Si   | gn Below   |  |
|      |         | ty of perjury, I declare that I have indi<br>t is subject to an unexpired lease. | ated my intention about any property of my estate that secures a debt and any personal |
| X    | /s/ Mic | chael Padrazo  | χ  |
|      | Micha   | el Padrazo   | Signature of Debtor 2  |
|      | Signatu | re of Debtor 1   |  |
|      | Date    | June 27, 2019  | Date   |

| Fill in this info  | rmation to identify your case:   |   |  |                     |  | irected in this form an  | d in Form                        |
|--|--|---|--|---------------------|--|--|----------------------------------|
| Debtor 1   | Michael Padrazo  |   | 12                                     | 2A-1Su              | pp:  |  |                                  |
| Debtor 2<br>(Spouse, if filing)                          |  |   |  | ■ 1. T              | here is no pres  | umption of abuse   |                                  |
| United States  | Bankruptcy Court for the:  | New York                                  |  | а                   | pplies will be m   | o determine if a presunade under <i>Chapter 7</i>                | •                                |
| Case number<br>(if known)                                |  |   |  | □ 3. TI             | he Means Test  | cial Form 122A-2).  does not apply now by service but it could a |                                  |
|  |  |   |  |                     | ,  | n amended filing   | <u> </u>                         |
| Official F   | Form 122A - 1  |   |  |                     |  |  |                                  |
| Chapter  | 7 Statement of Your Cur  | rent Moi                                  | nthly Inc                              | omo                 | е  |  | 12/15                            |
| separate sheet to<br>number (if know<br>military service | and accurate as possible. If two married people are to this form. Include the line number to which the aven). If you believe that you are exempted from a pre a complete and file Statement of Exemption from Prealculate Your Current Monthly Income  | dditional informa<br>sumption of abu      | ation applies. Or<br>se because you    | the top             | of any additional of any arms of any additional of any arms. | al pages, write your nan<br>onsumer debts or becau               | ne and case<br>use of qualifying |
|  | your marital and filing status? Check one on   | lv  |  |                     |  |  |                                  |
|  | narried. Fill out Column A, lines 2-11.  | ·y.                                       |  |                     |  |  |                                  |
|  | ed and your spouse is filing with you. Fill ou   | t both Columns                            | s A and B. lines                       | 3 2-11.             |  |  |                                  |
|  | ed and your spouse is NOT filing with you.   |   |  |                     |  |  |                                  |
|  | ring in the same household and are not lega  |   |  | dumne               | A and B lines  | 2-11   |                                  |
| _  |  |   |  |                     |  |  |                                  |
| pe   | ring separately or are legally separated. Fill on<br>the nalty of perjury that you and your spouse are leading apart for reasons that do not include evading apart for reasons that the reasons that the reasons are reason | gally separated                           | d under nonbar                         | nkruptc             | y law that applic  | es or that you and you   |                                  |
| 101(10A). Fo<br>6 months, ac                             | rerage monthly income that you received from all so<br>or example, if you are filing on September 15, the 6-mon<br>ld the income for all 6 months and divide the total by 6.<br>tal property, put the income from that property in one co  | nth period would be Fill in the result. I | oe March 1 throug<br>Do not include an | gh Augus<br>y incom | st 31. If the amour<br>e amount more th                      | nt of your monthly income<br>an once. For example, if            | varied during the                |
|  |  |   |  | Colum               |  | Column B Debtor 2 or non-filing spouse                           |                                  |
|  | oss wages, salary, tips, bonuses, overtime, a ll deductions).  | and commissi                              | ons (before                            | \$                  | 3,189.71   | \$   |                                  |
| 3. Alimony   | r and maintenance payments. Do not include B is filled in.   | payments from                             | a spouse if                            | \$                  | 0.00   | \$   |                                  |
| of you of<br>from an<br>and room                         | unts from any source which are regularly pa<br>or your dependents, including child support.<br>unmarried partner, members of your household<br>nmates. Include regular contributions from a sp<br>Do not include payments you listed on line 3.  | Include regula<br>, your depende          | r contributions<br>ents, parents,      | \$                  | 0.00   | \$   |                                  |
| 5. Net inco  | me from operating a business, profession,  |   |  |                     |  |  |                                  |
|  |  |   | otor 1                                 |                     |  |  |                                  |
|  | ceipts (before all deductions)   | \$ 0.00<br>-\$ 0.00                       |  |                     |  |  |                                  |
| •  | and necessary operating expenses   | · —                                       | Copy here ->                           | ¢                   | 0.00   | \$   |                                  |
|  | thly income from a business, profession, or farm   | n \$                                      | Copy liele ->                          | Ψ                   | 0.00   | Ψ  |                                  |
| o. Net inco  | ome from rental and other real property  | Deb                                       | otor 1                                 |                     |  |  |                                  |
| Gross re   | ceipts (before all deductions)   | \$ 0.00                                   |  |                     |  |  |                                  |
|  | and necessary operating expenses   | -\$ 0.00                                  |  |                     |  |  |                                  |
| •  | thly income from rental or other real property   | \$ 0.00                                   | Copy here ->                           | \$                  | 0.00   | \$   |                                  |
|  | dividends, and royalties   |   |  | \$                  | 0.00   | \$   |                                  |

Official Form 122A-1

Case number (if known)

|       |                |                   |  |  |                                  |   |                | Column A Debtor 1       |             | Column B Debtor 2 non-filing | or            |                 |
|-------|----------------|-------------------|--|--|----------------------------------|---|----------------|-------------------------|-------------|------------------------------|---------------|-----------------|
| 8.    | Unemp          | oloyr             | ment comp                                      | ensation                                   |                                  |   |                | \$                      | 0.00        | \$                           |               |                 |
|       | under t        | the S             | Social Secur                                   | ty Act. Instead, lis                       | t it here:                       | nt received was a ber   | nefit          |                         |             |                              |               |                 |
|       | For y          | you <sub></sub>   |  |  | \$                               |   | 0.00           |                         |             |                              |               |                 |
|       |                |                   |  |  |                                  |   |                |                         |             |                              |               |                 |
|       | benefit        | und               | er the Socia                                   | I Security Act.                            | •                                | mount received that v   |                | \$                      | 0.00        | \$                           |               |                 |
| 10.   | Do not receive | inclued as tic te | ude any ben<br>s a victim of<br>errorism. If n | efits received unde<br>a war crime, a crin | er the Social :<br>ne against hu | ecify the source and<br>Security Act or paym<br>manity, or internation<br>a separate page and | ents<br>nal or |                         |             |                              |               |                 |
|       |                |                   |  |  |                                  |   |                | \$                      | 0.00        | \$                           |               |                 |
|       |                |                   |  |  |                                  |   |                | \$                      | 0.00        | \$                           |               |                 |
|       |                | То                | otal amounts                                   | from separate pag                          | ges, if any.                     |   |                | + \$                    | 0.00        | \$                           |               |                 |
| 11.   |                |                   |  | urrent monthly in<br>I the total for Colur |                                  | nes 2 through 10 for otal for Column B.   | \$             | 3,189.71                | +\$         |                              | =[\$_         | 3,189.71        |
|       |                |                   |  |  |                                  |   |                |                         |             |                              | Total o       | current monthly |
| Part  | 2:             | Dete              | ermine Whe                                     | ther the Means T                           | est Applies                      | to You  |                |                         |             |                              |               |                 |
|       |                |                   |  |  |                                  |   |                |                         |             |                              |               |                 |
| 12.   | Calcula        | ate y             | your curren                                    | t monthly income                           | for the year                     | Follow these steps:   |                |                         |             |                              |               |                 |
|       | 12a. Co        | ору у             | your total cu                                  | rrent monthly inco                         | me from line                     | 11  |                | Сор                     | y line 11 l | here=>                       | \$            | 3,189.71        |
|       | М              | lultipl           | ly by 12 (the                                  | number of months                           | s in a year)                     |   |                |                         |             |                              | X '           |                 |
|       | 12b. Th        | he re             | esult is your                                  | annual income for                          | this part of th                  | ne form   |                |                         |             | 12                           | 2b. \$        | 38,276.52       |
| 13.   | Calcula        | ate t             | the median                                     | family income that                         | at applies to                    | you. Follow these st  | teps:          |                         |             |                              |               |                 |
|       | Fill in th     | ha et             | tate in which                                  | vou live                                   |                                  | FL  | ]              |                         |             |                              |               |                 |
|       | 1 111 111 11   | 110 31            | iale III Willoi                                | you live.                                  |                                  |   | J              |                         |             |                              |               |                 |
|       | Fill in th     | he nı             | umber of pe                                    | ople in your house                         | hold.                            | 3   |                |                         |             |                              |               |                 |
|       | To find        | l a lis           | st of applicat                                 |  | amounts, go                      | of household.<br>online using the link<br>kruptcy clerk's office.                             | specifi        | ed in the sepa          |             | 13<br>ctions                 | 3. \$         | 66,872.00       |
| 14.   | How de         | o the             | e lines com                                    | pare?                                      |                                  |   |                |                         |             |                              |               |                 |
|       | 14a.           |                   | Line 12b is                                    | •  | I to line 13. C                  | On the top of page 1,   | check b        | oox 1, <i>There i</i> s | no presur   | mption of ab                 | use.          |                 |
|       | 14b.           |                   | Line 12b is                                    | -  |                                  | of page 1, check box  | 2, The         | presumption o           | of abuse is | determined                   | by Form 1     | 122A-2.         |
| Part  | 3-             | Siar              | n Below  | - and car : c                              |                                  |   |                |                         |             |                              |               |                 |
| G.II. |                |                   |  | declare under nen                          | alty of periury                  | that the information  | on this        | statement and           | l in any at | tachments is                 | true and      | correct         |
|       | ر ح            | y olg             | riirig rioro, r                                | acolare ariaer peri                        | aity of polyary                  |   | On ano         | Statement and           | in any an   | idominonio id                | o trac aria v | Joneou.         |
|       | X              |                   | Michael P                                      |  |                                  |   |                |                         |             |                              |               |                 |
|       |                |                   | chael Padr<br>nature of De                     |  |                                  |   |                |                         |             |                              |               |                 |
|       | Date           | Jur               | ne 27, 201                                     | 9  |                                  |   |                |                         |             |                              |               |                 |
|       | I£ .           |                   | I / DD / YYY                                   | Y<br>e 14a, do NOT fill o                  | out or file Fe-                  | m 122A 2  |                |                         |             |                              |               |                 |
|       |                | •                 |  | •  |                                  |   |                |                         |             |                              |               |                 |
|       | IT '           | vou               | checked line                                   | : 140. IIII OUT FORM                       | 122A-2 and                       | file it with this form.   |                |                         |             |                              |               |                 |

**Michael Padrazo** 

Debtor 1

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Eastern District of New York

| In re    | Michael Padrazo  |  | Case No.                                     |                             |           |
|----------|--|--|--|-----------------------------|-----------|
|          |  | Debtor(s)  | Chapter                                      | 7                           |           |
|          | DISCLOSURE OF COMPEN   | SATION OF ATTO   | ORNEY FOR DE                                 | EBTOR(S)                    |           |
| co       | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(1) ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of  | g of the petition in bankrupto                               | cy, or agreed to be paid                     | to me, for services render  | ed or to  |
|          |  |  |  | 1,950.00                    |           |
|          | Prior to the filing of this statement I have received  |  | \$ <u></u>                                   | 1,165.00                    |           |
|          | Balance Due  |  | \$   | 785.00                      |           |
| 2. \$_   | <b>335.00</b> of the filing fee has been paid.   |  |  |                             |           |
| 3. T     | he source of the compensation paid to me was:  |  |  |                             |           |
|          | ■ Debtor □ Other (specify):  |  |  |                             |           |
| 4. T     | he source of compensation to be paid to me is:   |  |  |                             |           |
|          | ■ Debtor □ Other (specify):  |  |  |                             |           |
| 5.       | I have not agreed to share the above-disclosed compe   | nsation with any other person                                | on unless they are mem                       | bers and associates of my   | law firm. |
|          | I have agreed to share the above-disclosed compensat copy of the agreement, together with a list of the name   |  |  |                             | rm. A     |
| 6. Iı    | n return for the above-disclosed fee, I have agreed to ren   | der legal service for all aspe                               | ects of the bankruptcy of                    | ase, including:             |           |
| b.<br>c. | Analysis of the debtor's financial situation, and render.  Preparation and filing of any petition, schedules, states.  Representation of the debtor at the meeting of creditor.  [Other provisions as needed]  Exemption planning; preparation and filing. | ment of affairs and plan whi<br>is and confirmation hearing, | ch may be required;<br>and any adjourned hea | rings thereof;              | ey;       |
| 7. B     | y agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any disc<br>any other adversary proceeding.  |  |  | es, relief from stay act    | ions or   |
|          |  | CERTIFICATION  |  |                             |           |
|          | certify that the foregoing is a complete statement of any nkruptcy proceeding.   | agreement or arrangement f                                   | or payment to me for re                      | epresentation of the debtor | (s) in    |
| Ju       | ne 27, 2019  | /s/ Michael J. N   | lacco  |                             |           |
| Da       | te   | Michael J. Mac<br>Signature of Attor                         |  |                             |           |
|          |  | Macco Law Gro  |  |                             |           |
|          |  | 2950 Express D   | Drive South                                  |                             |           |
|          |  | Suite 109<br>Islandia, NY 11                                 | 749  |                             |           |
|          |  |  | Fax: 631-549-7845                            |                             |           |
|          |  | Name of law firm   |  |                             |           |

### **United States Bankruptcy Court Eastern District of New York**

| In re | Michael Padrazo | Case No.          |   |  |
|-------|-----------------|-------------------|---|--|
|       |                 | Debtor(s) Chapter | 7 |  |

#### **VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

| Date: | June 27, 2019 | /s/ Michael Padrazo   |  |
|-------|---------------|-----------------------|--|
|       |               | Michael Padrazo       |  |
|       |               | Signature of Debtor   |  |
| Date: | June 27, 2019 | /s/ Michael J. Macco  |  |
|       |               | Signature of Attorney |  |
|       |               | Michael I Macco       |  |

Michael J. Macco
Macco Law Group, LLP
2950 Express Drive South
Suite 109
Islandia, NY 11749
631-549-7900 Fax: 631-549-7845

USBC-44 Rev. 9/17/98

Bryan L. Salamone & Associates, P.C. 1145 Walt Whitman Road Melville, NY 11747

Capital One PO Box 6492 Carol Stream, IL 60197-6492

Capital One Bank PO Box 60504 City of Industry, CA 91716

Catherine A. Padrazo 21 Oceanview Blvd. Manorville, NY 11949

CBHV PO Box 831 Newburgh, NY 12551-0831

Chase PO Box 15123 Wilmington, DE 19850-5123

Citizens One Auto Finance Consumer Loan Servicing RJW218 PO Box 42002 Providence, RI 02940-2002

Country Pointe at Manorville HOA PO Box 305 Manorville, NY 11949

Greystar 1920 Spade Fish Blvd. Trinity, FL 34655

Internal Revenue Service PO Box 7317 Philadelphia, PA 19101-7317 Internal Revenue Service Dept. of Treasury Andover, MA 01810-0010

Lending Club 71 Stevenson St. Suite 300 San Francisco, CA 94105

Lending Club 595 Market Street Suite 2300 San Francisco, CA 94105

Mr. Cooper 8950 Cypress Waters Blvd. Coppell, TX 75019

National Grid PO Box 11791 Newark, NJ 07101-4791

Optimum 1111 Stewart Avenue Bethpage, NY 11714

PSEG Long Island Customer Relations PO Box 888 Hicksville, NY 11802-0888

Storage R Us 10 Frowein Road Center Moriches, NY 11934 Case 8-19-74734-reg Doc 1 Filed 07/01/19 Entered 07/01/19 14:06:09

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

# STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

CASE NO.:.

| •   |
|---|
| Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:   |
| [NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).] |
| ■ NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.   |
| ☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:   |
|   |
| 1. CASE NO.: JUDGE: DISTRICT/DIVISION:  |
| CASE STILL PENDING (Y/N): [If closed] Date of closing:  |
| CURRENT STATUS OF RELATED CASE:(Discharged/awaiting discharge, confirmed, dismissed, etc.)  |
| (Discharged/awaiting discharge, confirmed, dismissed, etc.)   |
| MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):  |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:  |
| 2. CASE NO.: JUDGE: DISTRICT/DIVISION:  |
| CASE STILL PENDING (Y/N): [If closed] Date of closing:  |
| CURRENT STATUS OF RELATED CASE:  (Discharged/awaiting discharge, confirmed, dismissed, etc.)  |
| MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):  |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:  |
| 3. CASE NO.: JUDGE: DISTRICT/DIVISION:  |
| CASE STILL PENDING (Y/N): [If closed] Date of closing:  |

**DEBTOR(S):** Michael Padrazo

| DISCLOSURE OF RELATED CASES (cont'd)  |   |
|---|---|
| CURRENT STATUS OF RELATED CASE:   |   |
| (Dischar  | ged/awaiting discharge, confirmed, dismissed, etc.)   |
| MANNER IN WHICH CASES ARE RELATED (Refer to NOTE  | E above):   |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("SCHEDULE "A" OF RELATED CASE:   | REAL PROPERTY") WHICH WAS ALSO LISTED IN  |
| <i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals who have eligible to be debtors. Such an individual will be required to fi | ave had prior cases dismissed within the preceding 180 days may not tile a statement in support of his/her eligibility to file. |
| TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORN   | EY, AS APPLICABLE:  |
| I am admitted to practice in the Eastern District of New York (Y/   | N): <u>Y</u>  |
|   | btor/petitioner's attorney, as applicable): as not related to any case now pending or pending at any time, except               |
| as indicated elsewhere on this form.  /s/ Michael J. Macco  |   |
| Michael J. Macco Signature of Debtor's Attorney Macco Law Group, LLP 2950 Express Drive South   | Signature of Pro Se Debtor/Petitioner   |
| Suite 109<br>Islandia, NY 11749<br>631-549-7900 Fax:631-549-7845  | Signature of Pro Se Joint Debtor/Petitioner   |
|   | Mailing Address of Debtor/Petitioner  |
|   | City, State, Zip Code   |
|   | Area Code and Telephone Number  |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009